



# CHAPTER 1 – Introduction to the Help Guide

*Chapter One references are located in a separate section of the Baby Steps Help Guide e-resource.*

*Participant handout references are not included, but are available upon request by contacting the [tru@ahs.ca](mailto:tru@ahs.ca).*

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## This chapter provides

- information on the rationale for, content and format of this help guide
- the key elements of working effectively with women and girls who are planning a pregnancy, are pregnant and are new mothers, as well as their partners and support networks
- listings of resources to support tobacco interventions designed for service providers and women

Please note the Baby Steps Help Guide references are found [here](#). Participant handout references are not included, but are available upon request by contacting the [tru@ahs.ca](mailto:tru@ahs.ca).

## Why this Help Guide?



This guide is designed to assist you in supporting girls and women to reduce and stop their use of tobacco and tobacco-like products when they are planning a pregnancy, are pregnant or postpartum. All health-care and social-service providers need to facilitate conversations with girls and women that

- raise awareness about the potential harms from tobacco and tobacco-like products
- support understanding about one's relationship to tobacco
- identify what help may be needed to stop tobacco use

This guide also recommends interventions at preconception. Most women are not pregnant most of the time, and discussions about tobacco use are ideally instigated independent of pregnancy. Not doing so is a missed opportunity for health-care practitioners, and for women.

This help guide:

- recommends a principle-based approach for working with girls and women who use tobacco or tobacco-like products, with a focus on woman-centred and trauma-informed principles
- explores a person's readiness, taking into account the impact of personal and equity-related circumstances
- provides information on the effects of tobacco and cannabis exposure on women's and fetal health
- promotes understanding of the issues and barriers girls and women face when quitting tobacco
- provides an algorithm for how to offer effective interventions
- provides discussion topics that you may find helpful to build your knowledge base and to carry on a conversation or group activity with women who are interested in reducing or stopping their tobacco use

*Most women spend the majority of their reproductive years not pregnant. Addressing tobacco use only in relation to pregnancy is a disservice to promoting the health of women more generally.*

## Layout of this Help Guide

- Chapters 1–3 contain foundational information and practice guidance to consider when offering tobacco cessation support.
- The guide also contains a set of 11 topics for you to consider when offering brief conversations with individuals, or as group topics and activities. Each topic includes
  1. an outline
  2. background information for the health provider
  3. facilitator notes for an activity or group presentation
  4. participant activity resources and participant handouts

Group activities can be added into a group program you already offer, or you could combine them to make a longer session. If you are interested in offering group cessation for pregnant and postpartum women, we recommend you contact [tru@albertahealthservices.ca](mailto:tru@albertahealthservices.ca) to inquire about adapting the QuitCore program for this specific population. More information on QuitCore is available at the end of this chapter. For information on AlbertaQuits services, visit: [www.albertaquits.ca](http://www.albertaquits.ca).

## albertaquits.ca

### ONLINE



[MyHealth.Alberta.ca](http://MyHealth.Alberta.ca)

Find trusted, easy-to-use health and wellness information from Alberta Health Services.

Visit today and type the word "tobacco" or "smoking" into the search box.

### PHONE



[AlbertaQuits Helpline](http://AlbertaQuits.Helpline)

Cessation Counsellors will help you develop a quit plan, manage cravings and stay on track, 8am to 8pm, seven days a week.

FREE confidential helpline.  
Call 1-866-710-QUIT (7848) today!

### GROUPS



[AlbertaQuits Groups](http://AlbertaQuits.Groups)

QuitCore offers FREE groups, run by trained leaders. Get peer support, share experiences and learn strategies to help you quit.

Don't quit alone.  
Call the Helpline at 1-866-710-QUIT (7848) to join Quitcore today!

## Why Is it Important to Intervene on Tobacco with Clients Who are Planning a Pregnancy, Pregnant or Postpartum?



Tobacco use negatively affects fertility for both men and women, and can make conceiving more difficult. Primary prevention of tobacco use for youth, before they enter their reproductive years, is an important best practice in tobacco reduction because it <sup>[1]</sup>

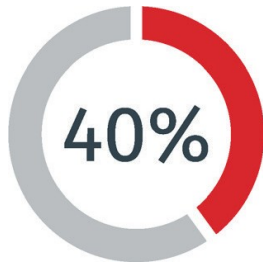
- provides risk assessment, education and health promotion counselling to women and girls (and boys and men) of reproductive age
- improves public awareness of the importance of preconception health behaviours and seeking support and services
- encourages each girl, boy, woman, man and couple to have a life plan that includes being tobacco-free

Both men and women contribute to the basic genetic material that affects the health of their children. Women have been consistently encouraged to be healthy before becoming pregnant, and emerging evidence is showing that men should as well.<sup>[2]</sup>



Women who have planned their pregnancy and are concerned about having a healthy baby may have decided to stop using tobacco before conception. Preconception planning is best to avoid exposure to tobacco and tobacco-like products. Stopping tobacco use prior to conception will support healthy maternal outcomes (e.g., improved fertility, time it takes to conceive, reduced health risks for the woman and fetus).<sup>[3]</sup>

For as many as half of women who use tobacco before pregnancy, quitting may occur spontaneously soon after finding out they are pregnant and before their first prenatal visit. This change is often reflective of a woman who uses less tobacco and is less addicted to nicotine, has quit before, has a tobacco-free partner and has more support and encouragement at home and with friends.<sup>[4]</sup>



Most pregnancies are planned, but for 40% of women worldwide it is unexpected.<sup>[5]</sup> Women may or may not be ready to quit when their pregnancy is confirmed, may feel pressured to change and may be ambivalent about making changes in their use of tobacco. Regardless of the woman's situation, this can be a key moment for initiating change in her tobacco use.

It is rare for a woman to be successful in her first quit attempt. Tobacco cessation is a dynamic process that usually involves a sequence of attempts before long-term abstinence is achieved. It can take a few or many quit attempts to stay tobacco-free.<sup>[6]</sup> Every attempt is a learning opportunity to gain skills and personal awareness as to why she continues to use tobacco.

Each time you offer assistance is a step on the client's cessation journey. You might not see her reach her goal, but don't undervalue your contribution to helping her put the pieces together! For someone who struggles to quit, success often results from the contribution of many health providers, family, friends and available resources (e.g., medications, cessation services).

A 2009 Canadian Public Health Agency survey found that 47% of women who had quit smoking by the third trimester resumed smoking daily or occasionally in the postpartum period.<sup>[7]</sup> However, reported rates of relapse vary and may be as high as 70–90% by one year postpartum.<sup>[8]</sup> This has health implications for both women and children.<sup>[7]</sup> Cycles of relapse and remission are typical of chronic conditions like tobacco dependence. Be aware that effective treatment is multi-faceted and individualized, with relapse as part of the process.<sup>[9]</sup>

#### *In summary*

- *offer tobacco education and intervention at all check-ups, especially to those considering conceiving*
- *support women who use tobacco who are in the interconception care period(between pregnancies) and offering intensive intervention, especially when cessation attempts have failed in the past*

## How Can I Effectively Offer Tobacco Cessation Support?

### Assess Your Response

Using tobacco products or other substances during pregnancy can make service providers uncomfortable. This can discourage us from talking to a client about their substance use. Providers may also feel they don't have the background knowledge or skills needed to intervene.



Because practitioners care about the well-being of their clients, as well as the vulnerability of the fetus, it is concerning when a pregnant woman engages in potentially harmful behaviour. Sometimes our emotions, our personal biases and our fears about our ability to intervene effectively become a barrier to offering help. A sense of urgency could mislead providers to want to push for change instead of meeting clients where they are at, and supporting their goals based on their readiness to change. As you read through this help guide, identify how you will manage such feelings in order to effectively help the client change. Your goal is to work in the best interests of your clients through active listening and without judgment.

## Build a Healthy Working Relationship

A relationship that is comfortable will encourage dialogue that is less guarded and can result in more productive goal setting. The following are some tips on how to develop a compassionate and comfortable relationship with your clients:

- Respect each woman and her right to choose to change (or not).
- Be friendly, free of criticism and non-judgmental.
- Listen actively to discern both her feelings and the meaning behind her statements.
- Avoid responding from your frame of reference.
- Express your empathy with phrases such as “I follow you,” or “It sounds like you’ve had a hard time with that.”
- Ask open-ended questions (i.e., questions that can’t be answered “yes” or “no”) about their reasons for using tobacco. For example, rather than asking “Are you afraid to make your house smoke-free?”, try “What are your concerns about making your house tobacco-free?”
- Use positive reinforcement and focus on the positive.



Follow Recommendations for Pregnant and Postpartum Women and Girls Guidelines from Canada and the United States support brief tobacco intervention as a minimum for every client who reports that they use tobacco.<sup>[3,9]</sup> Although minimal interventions of 1–3 minutes are effective and should be offered to every person who uses tobacco products,<sup>[3]</sup> additional support during hospitalization, with follow-up after discharge, is more effective at sustaining quit rates.<sup>[9]</sup> Cessation success is dosage dependent, and more intensive interventions should be used whenever possible.



- Tobacco cessation should be encouraged to all women, and especially those who are planning to conceive, are pregnant, are breastfeeding or postpartum. Behavioural cessation support (e.g., multiple counseling sessions, motivational interviewing, cognitive behavioural therapy) is recommended as first-line treatment before pharmacotherapy at all points during pregnancy and breastfeeding.
- A tobacco-free home environment should be encouraged for pregnant and breastfeeding women to avoid exposure to second- and third-hand smoke.
- Partners, friends and family members should also be offered cessation interventions.
- During pregnancy and breastfeeding, counselling alone is recommended as first-line treatment for cessation. New mothers should be encouraged to continue breastfeeding, even if they are still using tobacco or nicotine replacement therapy (NRT).



- If counselling is found to be ineffective, intermittent-dosing NRTs (e.g., lozenges, gum) are preferred over continuous dosing of the patch. NRT should only be offered during pregnancy when counselling has failed and after an informed discussion with the patient regarding the risks and benefits of using tobacco and NRT.
- Bupropion and varenicline should only be considered with pregnant and breastfeeding women after behavioural interventions and NRT have failed. Prior to initiating either treatment, advise the woman that current research does not conclusively demonstrate the efficacy and safety of either of these medications in pregnancy and lactation, and discuss the risks and benefits of using them versus continuing to use tobacco or tobacco-like products.

## More Information on Best Practice in Tobacco Cessation During the Reproductive Years

### *AHS Guidance for Providers*

AHS follows the national CAN-ADAPTT recommended guidelines for pregnant and breastfeeding women.<sup>[3]</sup> For more information on the CAN-ADAPTT guidelines, visit: [www.can-adaptt.net](http://www.can-adaptt.net).

Alberta Health Services offers health-care providers two women-centred e-resources: [Tobacco, Women's Health & Cessation and Smoking, Vaping & the Reproductive Years](#).



### *AHS Supports and Referrals for Clients*

A variety or combination of counselling formats (e.g., self-help, individual, group, helpline, web-based) is effective, and should be used to assist clients who express a willingness to quit tobacco.<sup>[9]</sup>

In Alberta, there are a number of tobacco cessation counselling options that are widely available through AlbertaQuits. Women can access information and tools to create a quit plan and even try a practice quit. Information on a variety of tobacco, vaping and cannabis topics can also be found on <https://myhealth.alberta.ca/Tobacco-Smoking-Vaping>.

**AlbertaQuits Helpline:** This is a free tobacco cessation telephone service available from 8 a.m. to 8 p.m., seven days per week, for all residents of Alberta. It is toll free, and available by calling [1-866-710-QUIT \(7848\)](tel:1-866-710-QUIT). Translation services are available in 180 languages. When you call, trained cessation counsellors are available to help individuals develop a quit plan, deal with cravings and difficult situations, and provide ongoing support throughout their quit attempt.

Clients can call the helpline themselves, or health-care providers may initiate contact on their behalf by completing a fax referral. For more information about the helpline, and access to the fax referral click [here](#).



AlbertaQuits group program: This program, which is also called QuitCore, is a free group support program that provides Albertans (aged 18+) with the tools and skills they need to quit using tobacco for good. The program consists of six 90-minute sessions over a period of up to nine weeks, at various locations around the province. Join a group in your community and make new friends, share your stories and celebrate milestones together. For more information, visit [www.albertaquits.ca](http://www.albertaquits.ca) or call [1-866-710-QUIT \(7848\)](tel:1-866-710-QUIT(7848)).

Depending on your location, there may be other supports available in your community. Some health-care facilities have tobacco specialists onsite that are able to provide more in-depth counselling for inpatients. Many primary care networks across the province offer tobacco cessation support for their clients. In some communities there are even supports available for specific populations, such as pregnant women, youth or workers (i.e., through occupational health and safety programs). It is important to find out what supports are available at a given health-care facility or in the community, and how to refer a client to these services.

## *Paper/Print Resources for Clients and Providers*

**Resources for commercial tobacco/vaping intervention:** Access to resources like websites, quick reference material and client self-help materials can increase a client's confidence and strengthen the effectiveness of brief intervention. Clients can get information on a plethora of tobacco and vaping related topics on [myhealth.ab.ca](http://myhealth.ab.ca) including information about pregnancy and tobacco/vaping. The Tobacco, Vaping and Cannabis Program offers a number of free supplementary resources that may be useful to provide to your clients as self-help material or to reinforce teaching. All Alberta health-care settings can order these resources as needed [here](#). These resources include:

Let's Talk Tobacco quitting workbook  
Baby Steps Poster  
Make Your Home and Car Smoke Free Decals  
40 Ways to Manage Cravings postcard

**Resources for smokeless tobacco intervention:** There are resources available through AlbertaQuits. The American Cancer Society's How to Quit Smoking or Smokeless Tobacco and the U.S. Department of Health and Human Services' Smokeless Tobacco: A Guide to Quitting may also be helpful. (Please note these are American resources that refer the reader to American cessation supports.) If used with a client, consider offering the AlbertaQuits resources, particularly those that can accommodate smokeless tobacco use (e.g., the helpline, cessation groups, referral to a tobacco specialist or pharmacist).

- [How to Quit Smoking or Smokeless Tobacco](#)
- [Smokeless Tobacco: A Guide to Quitting](#)

**Healthy Parents, Healthy Children** is a website for pregnant women and parents of children birth up to 6 years of age. Clients will find a practical interactive guide on a variety of health promotion topics from pregnancy to parenting and the early years. It is available at [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca).

**Ready or Not Alberta** is a preconception health website for clients in their reproductive years, whether they are planning a pregnancy or not. It is available at [www.ReadyOrNotAlberta.ca](http://www.ReadyOrNotAlberta.ca).