



Smoking Cessation for Pregnant and Postpartum Women: A Toolkit for Health Care Providers

www.pregnets.org

Accompanying Documents:
Desktop Card for Health Care Providers
Patient Resource Card
Pros and Cons Tool

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I. INTRODUCTION

This toolkit has been developed for health care providers, educators and researchers and provides the essential components to address smoking cessation and reduction among pregnant and postpartum women. The PREGNETS team has reviewed existing resources and summarized some key components. Simple tools were also developed to help deliver the interventions easily and effectively.

This is not an exhaustive list of resources and information. It is meant to provide health care providers with the basic tools to screen and provide brief interventions.

Smoking and Pregnancy

Health care providers who see pregnant and postpartum patients and clients are in a position to offer smoking cessation or reduction interventions. Women are often offered support by health care providers in making positive changes to nutrition, exercise, breastfeeding and other important issues and therefore could also be offered support in quitting or reducing smoking. Health care providers need to be sensitive to the fact that some pregnant or postpartum women may be hesitant to discuss their smoking status for a variety of reasons that may include being aware of stigmatization¹, not wanting to be criticized² and having feelings of guilt.² By offering brief counselling using a nonjudgmental, non-blaming approach, the health care provider will not only screen for tobacco use but also provide the help and support that pregnant and postpartum women need. Health care providers can also offer or refer women to more intensive and ongoing counseling and provide them with appropriate and helpful resources.

How to Use This Toolkit

This toolkit is divided into various sections including: information about smoking and its effects on health, current information about smoking cessation interventions, and providing options on delivering brief interventions or more intensive counselling to help women quit or reduce smoking. We have also provided a list of available resources to support these interventions.

It is helpful to go through the entire kit, section by section, for a comprehensive understanding of the issues and what is needed to deliver this work. You can also click on the section that is most relevant for your work and use the tools provided. The kit is designed so that you can download the PDF file and print each section and create your own manual. You can photocopy and share the information with your colleagues.

The last section of the toolkit provides you with the opportunity to give us feedback on this toolkit and how useful it is for your practice. We encourage a multidisciplinary team approach and suggest all staff in your settings be familiar with the information in this kit to support women in their efforts to address their overall health.

II. EFFECTS OF SMOKING AND BENEFITS OF QUITTING

Smoking during pregnancy and postpartum is a public health concern due to the risks it poses to both the woman and fetus. There are many health risks associated with smoking and many benefits to quitting at any time during the pregnancy or even after the pregnancy.

RISK means that the chance of suffering negative consequences is increased but does not mean that it will definitely occur.

Effects of smoking on the woman

Increases her risk of developing:

- Cancers: lung, mouth, throat, kidney, bladder, cervix, colorectal and more³
- Heart disease, stroke and circulatory problems⁴
- High blood pressure and high cholesterol
- Respiratory diseases: chronic obstructive pulmonary disease, emphysema, chronic bronchitis, flu, colds and pneumonia³⁻⁵
- Reproductive health problems: early menopause⁶ and links to reduced fertility⁷
- Metabolic syndrome and diabetes⁸
- Dermatologic diseases such as psoriasis and yellowing of the skin and nails⁹
- Other health effects: peptic ulcers¹⁰, tooth loss and gum disease¹¹, osteoporosis¹², thyroid disease¹³, deep vein thrombosis¹⁴, sleep problems and aneurysms¹⁵

Effects of smoking on the pregnancy and the fetus

- Increases risk of vaginal bleeding, premature delivery, abruptio placenta and placenta previa¹⁶
- Greater risk of spontaneous abortion and perinatal mortality
- Increases risk of having a lower birth weight baby¹⁷

Second hand smoke

- Second hand smoke is the smoke exhaled by a person smoking combined with the smoke that goes into the air from the burning end of a cigarette (sidestream smoke).¹⁸
- There are more than 7000 chemicals and chemical compounds in second hand smoke, including carbon monoxide, acetone, hydrogen cyanide and formaldehyde.¹⁹
- The United States Environmental Protection Agency has declared second hand smoke a Class A cancer-causing agent (Class A is the most dangerous of cancer agents).²⁰
- Second hand smoke has more than twice as much nicotine and tar and five times as much carbon monoxide as the smoke that individuals who smoke breathe in.¹⁸
- Exposure to second hand smoke even briefly can cause eye, nose and throat irritation, headaches, dizziness, nausea, coughing and wheezing and can severely exacerbate allergy and asthma symptoms.¹⁸



- Long-term exposure to second hand smoke is linked to heart disease, cancer and death.¹⁸

Effects of second hand smoke

Exposure to second hand smoke has been shown to increase the risk of the following conditions in fetuses or children:

- Low birth weight or preterm birth²¹⁻²²
- Sudden Infant Death Syndrome¹⁶⁻¹⁷
- Asthma cases as well as more frequent or severe asthma symptoms²²
- Respiratory tract illness such as bronchitis, pneumonia and croup as well as respiratory symptoms including: cough, phlegm, wheezing and shortness of breath¹⁶⁻¹⁷
- Middle ear infections and disease as well as tympanostomy tube insertions¹⁶⁻¹⁷
- Tonsillectomies and adenoidectomies²³
- Allergies²⁴
- Sleep problems including trouble falling asleep and sleep-disordered breathing²⁵
- Reduced lung capacity²⁶
- Colic²⁷
- Increasing evidence is showing links between secondhand smoke exposure and child behaviour issues including hyperactivity and aggression.²⁸⁻²⁹

Benefits of quitting

For the woman:

- Heart rate and body temperature will return to normal³⁰
- Easier breathing, increased lung capacity, less cough and wheeze, and less shortness of breath³¹⁻³²
- Increased energy levels³³
- Sense of smell and taste will improve³³
- Chance of infections will be reduced³¹⁻³²
- May save money by not purchasing cigarettes
- Will be less likely to develop lung and other cancers, heart disease, stroke, respiratory diseases and other smoking-related illness³⁴
- Will be more likely to live a longer life³⁵

For the baby:

- Will get more oxygen, lungs will work better and may be healthier³⁶
- More likely to have a normal birth weight³⁷
- More likely to be born at term³⁷
- May have less asthma and wheezing problems²²

III. SMOKING CESSATION

Smoking cessation interventions include a variety of methods and techniques that can help an individual who smokes to quit or reduce smoking. There are many smoking cessation interventions available including self-help, counseling either face to face, via the phone or the internet, group support, and pharmacotherapy. Many of these interventions can be used to help pregnant women who smoke to quit or reduce as well. However, interventions must be individualized, woman-centered and tailored to her specific situation.

Smoking Prevalence

The following points outline statistics on smoking prevalence and cessation rates in pregnant women. This information helps us to gain an understanding of the current trends and related issues for pregnant women who smoke. Recent research shows:

- According to the Canadian Maternity Experiences Survey in 2009, 10.5% of women smoked daily or occasionally during their most recent pregnancy.³⁸
- Research studies have demonstrated that self-reports of smoking status underestimate smoking prevalence. In pregnant women, studies have found the non-disclosure rate to range from 23-28%.³⁹⁻⁴⁰
- A recent systematic literature review indicates that more than half of all women who smoke do not quit during pregnancy.⁴¹
- Concern for fetal health is a common reason why women spontaneously quit smoking during pregnancy.⁴² However, this motivation is often temporary as 70-90% of women relapse to smoking by 1 year postpartum.⁴³
- Compared with women who continue to smoke, those who quit spontaneously are more likely to have higher education and income, be in a relationship, have a planned pregnancy, be pregnant for the first time, experience nausea or sickness, and plan to breast feed.⁴² They also are more likely to believe more strongly that smoking can harm the developing fetus.⁴⁴

Factors Related to Smoking in Pregnancy

Reasons for smoking during pregnancy are complex and are often related to socioeconomic status, mental health, social surroundings and biological factors. Research that demonstrates the correlates of smoking in pregnancy must be recognized and incorporated within the interventions designed to help pregnant women quit or reduce smoking. Some of these major research findings include:

- The reinforcing and psychoactive effects of nicotine as well as the behavioural conditioning and social reinforcement of smoking make cigarettes highly addictive.⁴⁵ Addiction is a major barrier to reduction and cessation.⁴¹
- There is a strong positive relationship between mental health and smoking during pregnancy.⁴⁶ Depression, anxiety, bipolar disorder, schizophrenia and personality disorders are related to higher rates of smoking in pregnant women.⁴⁶⁻⁴⁷



- Lower socioeconomic status and lower education level are associated with smoking during pregnancy.⁴⁸
- Having a partner who smokes is a significant risk factor for smoking during pregnancy and relapse to smoking post-partum.⁴⁹⁻⁵⁰
- Relapse to smoking after quitting is very high. The 2009 Canadian Maternity Experiences Survey found that 47% of women who quit smoking during their pregnancy resumed smoking postpartum.³⁸ Other research shows that relapse to smoking postpartum is as high as 70-90% by 1 year postpartum.⁴³
- Alcohol and drug use is associated with higher rates of smoking during pregnancy.⁴⁷
- Younger women are more likely to smoke during pregnancy. The most common age group of women who smoke during pregnancy are those 25 years of age or younger.⁴⁸

These statistics point to the importance of recognizing that smoking during pregnancy is embedded in women's lives and that these factors must be addressed and included within cessation interventions.

Possible reasons for modest success

Many cessation attempts are based on interventions for women who smoke and are ready to quit. Therefore, there is an intervention gap for those not yet ready to quit or reduce smoking. Interventions for those not yet ready to quit should focus on increasing their commitment and confidence to quit. Interventions should be tailored to the specific needs of the woman and address the correlates of tobacco use during pregnancy.

Your role

As a health care provider, you already provide crucial services that promote a healthy pregnancy. You can have an impact by addressing smoking with pregnant clients by following the simple algorithm for screening your clients for tobacco use. The next step is providing tailored, intensive interventions to pregnant women who smoke or to refer your patients or clients to the appropriate resources if you cannot provide the intervention yourself.

Pharmacotherapy

There are three approved medications for people who smoke including nicotine replacement therapy (NRT) such as the nicotine patch, inhaler, gum, oral mist, or lozenge and prescription medications such as bupropion SR (Zyban™) and varenicline (Champix™). These medications have been shown to minimize withdrawal symptoms and increase cessation rates in the general population.⁵¹

The use of NRT in pregnancy is controversial due to the teratogenic nature of nicotine and failure to demonstrate any benefit over placebo in randomized controlled trials.⁵²⁻⁵³ However, for those women unable to stop smoking whilst pregnant, pharmacotherapy is an option. It is recommended that behavioural interventions should be attempted before NRT and only when other efforts have been unsuccessful.⁵⁴ NRT seems to be a reasonable option because: 1) NRT contains only nicotine and not the many other toxins



found in tobacco, and 2) the fetus tends to be exposed to less nicotine with NRT than with cigarettes.⁵⁵

This research points to the importance of behavioural interventions such as counseling or cognitive behavioural therapy as a way of helping pregnant women quit or reduce smoking.

Some further considerations for NRT in pregnancy include:

- The woman and health care provider should have a discussion on the benefits and risks of NRT use in pregnancy because of the potential side effects as well as the possibility that it may not be effective.⁵⁶
- To minimize the exposure to the neonate and keep the mother comfortable, NRT should be used in the lowest effective dose.⁵⁷
- Short acting medications such as gum, inhaler and lozenges are preferred over long acting formulations such as the patch to prevent constant exposure to nicotine.⁵¹
- Research suggests that if the patch is used, it should be removed while sleeping so that nicotine levels will not be higher than normal during these hours.⁵¹

The use of bupropion during pregnancy has not been as well researched, and therefore there is less information available about the safety and effectiveness of this medication for pregnant women. Research has demonstrated that bupropion is effective for smoking cessation during pregnancy,⁵⁸ however, there may be an increased risk of spontaneous abortion for women exposed to this medication.⁵⁹ Bupropion may be appropriate to treat both smoking and depression during pregnancy.⁵⁴ More research is needed on bupropion during pregnancy, but the possible benefits may warrant prescribing this drug despite potential risk.

The use of varenicline during pregnancy has not been studied to date. Therefore, it is unknown as to whether varenicline is safe or effective during pregnancy.

Partner/family support and involvement

Having a partner who smokes is a significant risk factor for smoking during pregnancy and relapse to smoking post-partum.⁴⁹⁻⁵⁰ It may be helpful to involve her social support system when a woman is trying to quit or reduce. If her partner or other people in her social circle do not smoke and provide her with social support, it may increase her chances of quitting and staying quit.⁶⁰ If her partner or family and friends choose not to quit, they can still be helpful by not smoking around her and supporting her efforts to quit.

Family/friends and partners can be supportive by:

- Not smoking around her or in her home or vehicle
- Avoiding smelling like smoke by doing the following after smoking: wash hands thoroughly, change clothes, brush teeth and use mouthwash



- Not criticizing her
- Not leaving cigarettes, butts or ashtrays around the house
- Being patient while she quits and experiences withdrawal and urges to smoke, potentially making her feel irritable, stressed or cranky
- Helping with daily chores to help her focus on taking care of herself and to reduce her stress
- Helping to avoid people, places or things that make her want to smoke; helping to distract her during cravings
- Reminding her of her progress and not focusing on slips; make plans to celebrate successes

Smoking and pregnancy can often result in conflict between partners.⁶¹ For example, a woman may experience pressure from her partner to quit and may be more vulnerable to abuse as a result.⁶² Research supports the inclusion of the partner in smoking cessation interventions for pregnant women. However, the evidence showing women's increased vulnerability to abuse results in a recommendation to intervene with each partner independently rather than counseling a woman in the presence of her partner.⁶²

Tips for reducing/eliminating second hand smoke

- Ask others not to smoke around her, before and after the pregnancy
- Ask others not to smoke around the baby and/or children
- Suggest that she make her home smoke free – this means no one is allowed to smoke in the home or in the family vehicle, even when she is not a passenger
- Encourage her to discuss ways to reduce secondhand smoke with everyone living in her home
- Remove all ashtrays or paraphernalia from the home
- Advise her to leave a room or area when someone smokes if the house cannot be smoke free
- Encourage her to choose smoke-free places (restaurants, shops, etc)
- Remind her that secondhand smoke is not removed by: opening a window, turning on a fan, closing a door, spraying air freshener, smoking in another room, or using an air purifier, etc.

Smoking Reduction

Many women are unable to quit smoking during pregnancy. However, women who continue to smoke through their pregnancy often reduce the number of cigarettes that they smoke or engage in other methods of harm reduction.⁶³ While there is no known safe level of smoking or exposure to secondhand smoke, health care providers should encourage her to reduce her smoking if she is unable to quit as there are other benefits to consider.

Aside from significantly reducing the number of cigarettes smoked, other methods of reduction include:



- Stopping smoking for brief periods of time⁶⁴
- Stopping smoking during critical points in the pregnancy such as leading up to delivery⁶⁵
- Engaging in other health protective behaviours such as healthy eating, exercising and not using alcohol or drugs⁶⁵
- Reducing or eliminating exposure to secondhand smoke

Benefits of smoking reduction include:

- Significantly reducing the number of cigarettes smoked lowers the risk of having a low birth weight baby.⁶⁶ Some research suggests the number of cigarettes smoked must be 8 or less per day in order to increase the birth weight.⁶⁵
- Potential of sustained reduction or complete cessation⁶⁷
- Decreasing nicotine dependency⁶⁷
- Increasing women's self-efficacy⁶⁷
- Providing a feasible option for women who feel that quitting is not a possibility⁶⁸

Health care providers are one component of a woman's social support system and therefore it may be beneficial for relationship-building to recognize the accomplishments of women who successfully engage in smoking reduction and to consider how the greater context of her life may be contributing to her smoking.⁶⁸

Light and mild cigarettes

Labelling cigarettes as 'light' and 'mild' may offer those who smoke a false sense of security based on marketing and the misuse of words. Many individuals who smoke may choose brands labelled "light" or "mild" mistakenly believing that the smoke from these cigarettes is healthier. Some women may switch to light or mild cigarettes while they are pregnant in an effort to engage in harm reduction. However, individuals who smoke may consciously or unconsciously adjust their way of smoking by inhaling deeper and longer or covering the filter ventilation holes. By increasing their intake of nicotine in this way, individuals who smoke also inhale more tar and other carcinogens. Individuals who smoke are also still exposed to the sidestream smoke, which contains the same chemicals as regular cigarettes. It may be a good idea to discuss this information with pregnant women who smoke.

So what is the best advice?

Although the best advice for pregnant women who smoke is to quit smoking completely and as soon as possible, not all pregnant women are ready to quit. If they don't feel ready or confident to quit, you can help them increase their confidence and find ways to reach their goals. It is important to offer a non-judgmental approach to quitting and reminding your clients that quitting is a process. Their journey may involve reducing smoking or multiple quit attempts. Your approach must be tailored to the factors that impact her smoking that are relevant in each individual woman's life.



IV TOOLS TO HELP YOU HELP YOUR CLIENTS

Desk reference

The reference contains the benefits of quitting smoking for a woman and her pregnancy, and the effects of second hand smoke. It also provides a simple algorithm that will guide your brief intervention.

Patient referral card

This business-sized card is available to hand out to clients. It contains the telephone numbers and websites that provide assistance with smoking cessation.

The Pros and cons Tool

Clients can complete the chart of the pros and cons of quitting smoking and the pros and cons of reducing or continuing to smoke. This can help them address ambivalence in goal setting.

CAN-ADAPTT Clinical Practice Guideline

CAN-ADAPTT is a smoking cessation clinical practice guideline and knowledge exchange network for health care providers, researchers and policy makers across Canada. The guideline includes 5 sections on smoking cessation interventions for [specific populations](#), with one of the focuses on Pregnant and Breastfeeding Women. [Click here](#) to access CAN-ADAPTT's guideline section on Pregnant and Breastfeeding women from the CAN-ADAPTT website, or [click here to download it as a PDF](#).

V RESOURCES

Powerpoint presentations

1. PREGNETS Powerpoint Summary

Resources for women

Telephone Support

Smoker's Helpline

The Canadian Cancer Society's Smokers' Helpline is a free, confidential telephone service anyone can call for easy access to a trained Quit Specialist. The quit specialists can help you develop a plan for quitting, answer your questions and refer you to services in your community. You can also connect with a quit specialist online or through text messaging. Visit the website at www.smokershelpline.ca or call one of the following provincial helplines:

Alberta : 1-866-710-7848

British Columbia : 1-877-455-2233

Manitoba : 1-877-513-5333

New Brunswick : 1-877-513-5333

Newfoundland and Labrador : 1-800-363-5864

Nova Scotia : 1-877-513-5333

Nunavut : 1-866-877-3845

Ontario : 1-877-513-5333

Prince Edward Island : 1-888-818-6300

Quebec (Cancer Society): 1-888-853-6666

Saskatchewan : 1-877-513-5333

Yukon : 1-800-661-0408 (x8393)

Motherisk: 1-877-327-4636

Motherisk is a helpline that provides a source for evidence-based information about the safety or risk of drugs, chemicals and disease during pregnancy and lactation. Their mandate includes providing authoritative information and guidance to pregnant or lactating patients and their health care providers regarding the fetal risks associated with drug, chemical, infection, disease and radiation exposure(s) during pregnancy. They are also involved in researching unanswered questions on the safety of drugs, chemicals, infection, disease and radiation during pregnancy and lactation. For more information, call the helpline or consult their website: www.motherrisk.org.

In-Person Support

Centre for Addiction and Mental Health – Nicotine Dependence Clinic

The Nicotine Dependence Clinic (NDC) offers several specialized outpatient treatments for anyone who wants to quit or reduce their tobacco use. They offer assessment, medical consultation, group counselling and medications to quit/reduce smoking. The clinic provides service to clients with concurrent substance use and/or mental illness as well other medical conditions. No referral required.

Call 416-535-8501 extension 7400 to book an assessment

Websites

STARSS (Start Thinking About Reducing Secondhand Smoke)

STARSS is a program for pregnant and parenting women who smoke - especially those who don't want, or aren't ready, to quit smoking. STARSS has a focus on offering support and strategies for protecting children from secondhand smoke. The STARSS website has resources for women, including downloadable tools and tips, and for health care providers, including a guide to STARSS strategies and reports on the program. Visit www.aware.on.ca/starss.

Expecting to Quit

Expecting to Quit is a website for both health care providers and women. The website includes information and resources to support pregnant women and new moms quit or reduce smoking including women's stories and interactive tools. Expecting to quit also has recommendations for health care providers and an extensive best practices report on smoking cessation interventions for pregnant and postpartum girls and women. Visit www.expectingtoquit.ca.

Go Smoke Free

Go Smoke Free is a site created by Health Canada. This website has information and tools to download on how to quit, how to help someone quit, how to create a smoke-free home and various other resources for both health care providers and individuals who smoke. Visit www.gosmokefree.ca.

Smokefree Women

Smokefree Women is a website designed for women who are trying to quit smoking. On this website, there is an online guide to quitting, downloadable tools, other women's stories and information on specific topics including pregnancy and depression. Visit www.women.smokefree.gov.

Ignite Innovation



Ignite Innovation is a project that brings together community women, service providers, and policy makers toward developing responsive, inclusive, non-judgmental, non-stigmatizing quit smoking programs for pregnant and recently pregnant women across Ontario. The purpose of this site is to encourage visitors to learn about innovative, community-driven approaches to smoking cessation among pregnant and recently pregnant women. Visit www.ignite-innovation.ca.

StopSmokingCenter.net

This website and support community can help those who have recently quit, or those who are thinking about quitting smoking. People can talk to experienced quitters in an expert moderated Support Group, find a Quitting Buddy, or create their own free customized quit program that will track their progress and give them the help when they need it most. Visit www.stopsmokingcenter.net.

American College of Obstetrics and Gynaecologists

Prenatal Smoking Clinicians Guide

This resource is a self-instructional guide and toolkit that was most recently updated in 2011 for clinicians who want to help pregnant women quit smoking. It provides background information and tools necessary for clinicians to implement the “5 A’s” - an effective, evidence-based intervention. Visit www.acog.org to download a PDF copy.

Program Training and Consultation Centre

Most health units have developed and implemented smoke-free homes campaigns, either on their own or in partnership with adjacent health units. Each campaign conducted its own research, developed its own materials, and delivered the program in its own way. Visit www.ptcc-cfc.on.ca to read more.

Ontario Tobacco Research Unit

The Ontario Tobacco Research Unit (OTRU) was established in 1993 with funding from the [Ontario Ministry of Health and Long-Term Care](http://www.health.gov.on.ca) to foster and conduct research, monitoring and evaluation contributing to programs and policies to eliminate tobacco-related health problems in Ontario. www.otru.org

Print Resources

Need help putting out that cigarette?

A booklet written by a woman with two children who used to smoke and experts who help pregnant women stop smoking. Published by Smoke-Free Families (www.smokefreefamilies.org) and adapted by the Kingston, Frontenac and Lennox & Addington Health Unit, January 2003.

Couples and Smoking: What You Need to Know When you are Pregnant

This is a self-help booklet for pregnant women who smoke. This booklet discusses how routines, habits and ways of interacting with one’s partner influence smoking. It examines how smoking is influenced by others and everyday routines and that



understanding this is a first step in changing smoking behaviours. This booklet is available online at www.hcip-bc.org.

The Right Time The Right Reasons: Dads Talk About Reducing and Quitting Smoking

This booklet is based on father's experiences of quitting and reducing smoking. The quotes in the booklet are from expectant and new dads who smoke or who have recently reduced or quit. This booklet was compiled for men who identify with the challenges around being an expectant or new dad who smokes.

Resources for the Health Care Providers

Stop Smoking: A Cessation Resource for Those Who Work with Women

This document was created by the Canadian Public Health Association and discusses: the greater context of women and smoking, guides to creating group and one-on-one cessation interventions and information on subpopulations of women including pregnant women and women with low literacy. This resource is distributed by Canadian Public Health Association (Ottawa) 613.725.3769 and is also available online from www.cpha.ca.

Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women.

Greaves, L., Poole, N., Okoli, C. T. C., Hemsing, N., Qu, A., Bialystok, L. & O'Leary, R. (2011). (2nd ed.). Vancouver: British Columbia Centre of Excellence for Women's Health.

A report investigating interventions designed to reduce or eliminate smoking during pregnancy. The results of a literature review and set of practice recommendations are reported along with an examination of the wider context of women's health, women-centered care and women's tobacco use.

CAN-ADAPTT Canadian Smoking Cessation Guideline

Specific Populations: Pregnant and Breastfeeding Women

CAN-ADAPTT is a smoking cessation clinical practice guideline and knowledge exchange network for health care providers, researchers and policy makers across Canada. CAN-ADAPTT takes a practice-informed approach, allowing members to provide ongoing input into the guideline, discuss best practices, identify research gaps and share resources. The guideline includes 5 sections on smoking cessation interventions for specific populations, with one of the focuses on Pregnant and Breastfeeding Women. Visit www.can-adaptt.net to download a copy of the guideline.

TEACH Training Course: Helping Pregnant Smokers Stop Smoking: An Interactive Case Based Course

This specialty course offered by the Centre for Addiction and Mental Health allows health care providers to increase their knowledge about tobacco use, screening, assessment and interventions with pregnant and postpartum women. Visit

www.teachproject.ca to access the course manual and access information about signing up for the next iteration of this course.

Helping Women Quit: A Guide for Non-cessation Workers

A guide giving background on tobacco cessation for women, and step-by step instructions to helping women quit smoking. It discusses which questions to ask to identify a cessation approach for each woman, and it points to resources to use with her in practice. This booklet is available online at www.adess.bc.ca.

Kick Butt for Two

Kick Butt for Two is a smoking cessation reduction and prevention support program for pregnant adolescents and young single parents in the 14 to 24 age group. The program is designed to be delivered in a group setting over the course of eight 2 hour sessions. Available through the Young/Single Parent Support Network of Ottawa.

The **Tobacco Basics Handbook** is designed to provide a strong base of tobacco-related information that can be adapted for any audience. It provides up-to-date information on the following topics: smoking prevalence, health effects of tobacco use, youth and smoking, pregnancy and smoking, secondhand smoke, smokeless tobacco, the economic costs of tobacco use, addiction and cessation. This handbook is available through www.albertahealthservices.ca.

Treating Tobacco Use and Dependence

This Quick Reference Guide summarizes the guideline strategies for providing appropriate treatments for every client. This guide outlines effective tobacco intervention strategies and focuses on minimal treatment for all clients. Printed copies of Treating Tobacco Use and Dependence are available from any of the following Public Health Service clearinghouses: the Agency for Healthcare Research and Quality (800-358-9295); Centers for Disease Control and Prevention (800-CDC-1311); and the National Cancer Institute (800-4-CANCER). This guide is also available at <http://www.surgeongeneral.gov/tobacco/tobaqrg.htm>.

First Nations Resources

Health Canada Website

<http://www.hc-sc.gc.ca/fniah-spnia/substan/tobac-tabac/index-eng.php>

Catching Our Breath: A Journal About Change for Women Who Smoke

This is a unique approach to helping women overcome some of the problems they face with their use of tobacco. Catching our Breath is for women who to reduce the amount they smoke, quit smoking, learn more about why they smoke and learn ways to relax and cope without smoking. <http://www.cwhn.ca/resources/breath/>

Pauktuutit



Pregnets

www.pregnets.org

This website fosters greater awareness of the needs of Inuit women, advocates for equality and social improvements, and encourages their participation in the community, regional and national life of Canada. The tobacco cessation section of this website includes resources including a tobacco workshop guide, book for planning educational sessions with Inuit women, videos and more. Visit www.pauktuutit.ca.



VI EVALUATION OF THIS TOOLKIT

Once you have used the tool kit please take a few moments to complete this evaluation. The information you supply will enable us to assess the value and success of this toolkit, and help us to ensure that this resource is practical and useful. Please tear or print off this page and once completed, fax to: 416 599-3802.

1. To which professional group or groups do you belong?

<input type="checkbox"/> Counseling	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Medicine	<input type="checkbox"/> Social Work
<input type="checkbox"/> Midwife	<input type="checkbox"/> Student
<input type="checkbox"/> Nursing	<input type="checkbox"/> Other Health Profession: _____
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Other non-Health Profession: _____

2. How did you hear about the toolkit?

<input type="checkbox"/> Colleague	<input type="checkbox"/> Other CAMH programs ie. TEACH
<input type="checkbox"/> Conference	<input type="checkbox"/> Twitter or Facebook
<input type="checkbox"/> Link	<input type="checkbox"/> Web search
<input type="checkbox"/> Newsletter or Listserv	<input type="checkbox"/> Other: _____

3. What element of the toolkit did you find most useful and why?

4. What element of the toolkit did you find least useful and why?

5. To what extent will the toolkit influence the way you practice?

<input type="checkbox"/> Significant Influence	<input type="checkbox"/> Minimal Influence
<input type="checkbox"/> Some Influence	<input type="checkbox"/> Not at all

6. Please rate the toolkit on the following criteria: (1= lowest rating, 5=highest rating)

___ Relevance of the subject matter to your work
___ Quality of resources and information
___ Usefulness of resources and information

7. Please indicate whether the following objectives were met:

<input type="checkbox"/> Increased awareness and understanding of delivering smoking cessation interventions to pregnant women
<input type="checkbox"/> Improve the knowledge of brief interventions for smoking cessation
<input type="checkbox"/> Able to easily incorporate into your work practices the strategies presented



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Other comments:

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