

# Counseling

## Your Questions About Pregnant Smokers

### **I know that smoking during pregnancy is bad but what can I say to change a woman's mind?**

- First of all, you CAN make a difference. Quit rates increase 10-20% when smokers are counseled by their providers.
- Counseling is a process. Your patient may not quit. But even if she attempts to quit or if she begins thinking about quitting, you have been successful.

### **Our office is very busy. I don't have time to counsel.**

- Not all patients need or want a long time for counseling. You can be effective in 3-10 minutes if you address the subject at every visit.

### **I've never smoked. How can I help others quit?**

- You don't need to be a recovering drug user to know that drugs are unhealthy. Remember...you are a health professional. It's okay to counsel someone to stop smoking.
- However, be prepared to answer the challenge that you don't know how hard it is to quit. Share some ex-smoker's experiences of which you know.

### **I do smoke. How can I counsel someone**

### **else to quit?**

- If you don't feel comfortable counseling a smoker, you may be less effective. However, you may be able to relate your experiences with quit attempts and possibly offer some helpful hints.
- However, if you sincerely believe you will not be effective or if you resent having to counsel about quitting smoking, let someone else do the counseling.

### **I've been thinking about starting a smoking cessation group for pregnant smokers. Would this be effective?**

- Experience has shown that group cessation counseling does not work well with pregnant smokers. One-on-one counseling is usually more effective.

### **So many times, pregnant smokers don't want to be counseled? What can I do?**

- Most smokers do want to quit but fear how difficult it will be. Even though she might not be outwardly interested in quitting, the pregnant smoker needs to know that you will be there to support her when she is ready to quit.

### **Sometimes I get angry knowing that a pregnant smoker is hurting her baby.**

**Does it make a woman more likely to quit if I make her feel guilty?**

- NO. Research has shown guilt to be an ineffective way to counsel pregnant smokers. It often backfires and may destroy any type of established relationship and rapport between you and the smoker.
- In addition, most women know that smoking is harmful to their baby. They need your help in devising a plan more than they need your guilt.

**A lot of the pregnant smokers I see have many other problems. How do I make smoking a priority and is it even appropriate to do so?**

- In a situation where there are multiple unhealthy behaviors, the most you can do is provide the appropriate health information, help her set her own priorities and refer her to others who can help provide treatment.
- But make no mistake, smoking cessation must be a priority. Infant mortality and low birth weight can be decreased by 10% and 25% respectively if smoking during pregnancy is eliminated.

**Where do I begin?**

- Make sure your facility is not “user-

friendly” to smokers. Patients should not be walking through smoke to enter the building.

- Include as many staff members as possible in reinforcing the non-smoking message.
- Create an environment that promotes the benefits of being a non-smoker. Posters and brochures in the waiting room are good ways to reinforce healthy behaviors for pregnant women.