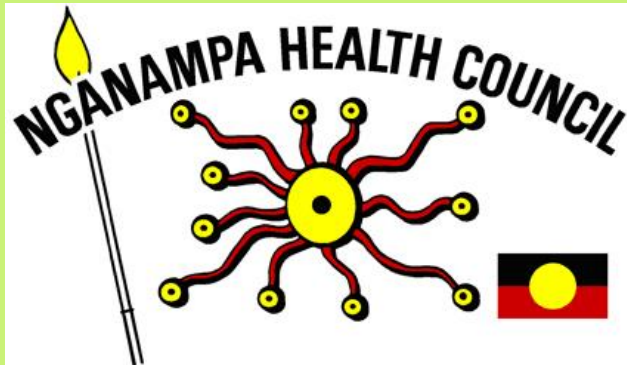


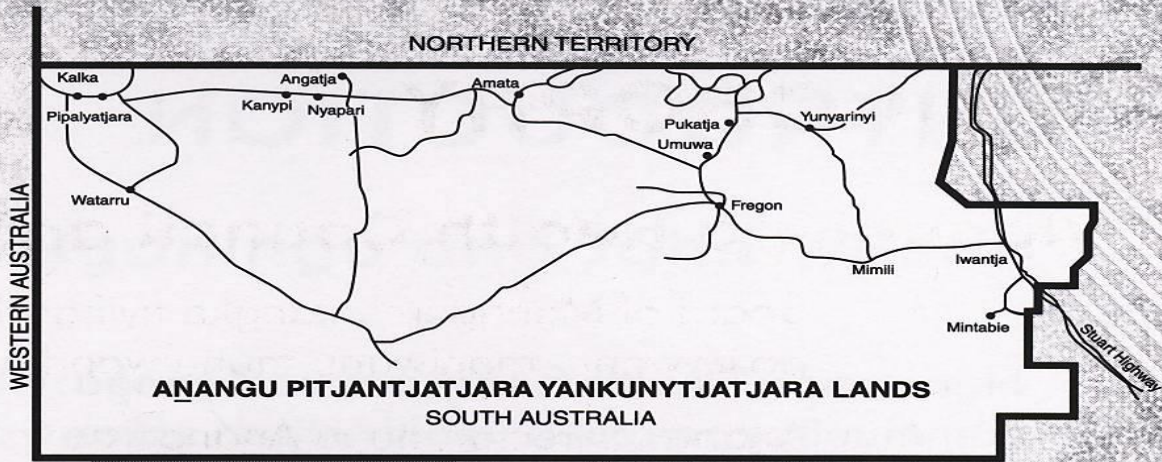
# Nganampa Health Council



**TIS Program**

**Antenates on the APY Lands  
and smoking cessation**

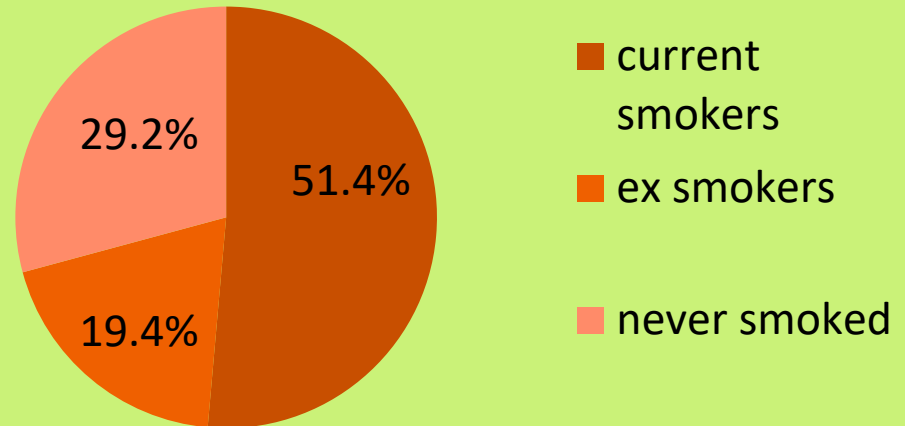




# Smoking cessation and Antenates

## Smoking in Pregnancy Status 2016- 2017

July 2016 - 30th June 2017



- In the last 6 months 22 of the 27 Antenatal women were seen at least once during their pregnancy ( of these 22 women, all of those who smoked were seen between 2 and 7 times since becoming pregnant.
- 5 women were not seen at all (2 were transient clients and had not been seen on the APY Lands since becoming pregnant and are receiving their care elsewhere, the other 3 were all are very mobile and were not in their communities when we tried to see them – of those 3, 2 are non smokers – confirmed by other staff and one is a heavy smoker and drinker who moves between Alice, Pt Augusta, Coober Pedy , Adelaide and 3 of the APY Lands communities. TIS staff have made at least 5 attempts to see this client and are yet to be successful.

- Of the 22 pregnant women seen in the last 6 months 5 have successfully quit during this pregnancy – most in the early stages of pregnancy and another one has since quit as of 1/8/2017
- 4 were non smokers and 8 ex smokers (including the 5 that have quit and not counting the one who quit in August))
- Out of the other 10 – 5 of them cut there CO levels by over ½ or 2/3's and all have CO levels currently between 4- 9ppm
- Of the 5 still left 1 had a miscarriage ( was seen twice before she miscarried) , 1 had her baby ( 3 visits during her pregnancy and a further 3 attempts to see her) , 1 moved to Coober Pedy and was lost to follow up and 2 others (both heavy tobacco and ganja users ) have failed to make any difference in there CO levels and are not interested in trying. We referred them to DASAA for their ganja use but DASSA could not find them. We continue to see these 2 clients and try to encourage them to quit smoking both tobacco and Ganja. The final one is very mobile and difficult to find though we keep searching.

# What do we do when we see the client

- Intensive Assessment of women's smoking behaviour
- Carbon Monoxide reading with Smokelyser
- If non smoker or ex smoker we spend time doing education around passive smoking – second hand and third hand smoking and about making house and car smoke free. We will probably not see again till postnatally to once again discuss the above.
- If the woman is a smoker we do education around the effects of smoking on the pregnancy and baby and we look at triggers for the woman to smoke and behaviour and we look at what strategies the woman can come up with to deal with these triggers or behaviours and we offer NRT if woman is a heavy smoker. We will organise for them to see the Dr or we talk to Dr on phone to get a prescription written. We also arrange to see them again. We usually develop a quit plan with the woman and 11 women developed a quit plan.
- We often speak to the woman's partner as well and do education etc with them and if necessary will also offer them NRT.
- On subsequent visits we will do another CO reading to see how effective the treatment may have been and talk about problems / difficulties they may have had. We also re-explore triggers and behaviour and discuss if the strategies they had come up with had helped. We also explore alternative strategies they think may work if the ones they tried didn't work.

# How can we improve

- Need to develop relationships with TIS workers in other communities where our transient clients may be mainly residing to ensure they are handed over to another smoking team for follow up and monitoring.
- We have purchased 3 more smokelysers which are in 3 communities where there are TIS workers or travelling midwives who can get a baseline reading early in pregnancy and discuss the possibility of doing some education over the phone with client if they are in the community seeing a midwife. Now 4 on APY Lands. Need 3 further smokelysers so each of the larger communities have one on site.
- Further training for other staff – Midwives, RNs and Doctors etc on using smokelyser and brief interventions

# Problems

- Client's mobility both on and off the APY Lands
- Distances between communities and the difficulty fitting visits to other communities with accommodation availability
- The use of Minkalpa while pregnant – some of our pregnant women switch to minkalpa when pregnant and this is not good for mother or baby. We discuss this with the mother and try and discourage its use during pregnancy and that they fo not use it overnight so the baby can have a break.
- Powerlessness of clients living in someone else's house to make the houses smoke free
- Cultural obligations around sorry business and funerals making it difficult to locate clients or negotiate times to talk to them during this period. Relapses often occur during sorry business so offering support during this time is critical.
- Differences between AIHW classification of clients and NHC's classification of clients (AIHW classes someone that visits a clinic more than 3 times a year as a client while NHC classifies someone that is on the APY Lands most of the times as current and someone that is on the APY Lands for a minimum of 3 months as transient and anyone less than 3 months as a past client. Obviously more effort is put into those who are current or transient according to NHC as they are on the APY Lands for a sustained period of time whereas others may ony appear for sorry business , footy or short family visits..

Mingkalpa – grows wild on the APY Lands and many people now have plants growing in their yards.

While it is better than smoking tobacco it still has adverse effects on people who chew it.

There has been a small study done in Central Australia by Angela Rattch which suggests it is very harmful in pregnancy and may be worse than smoking.



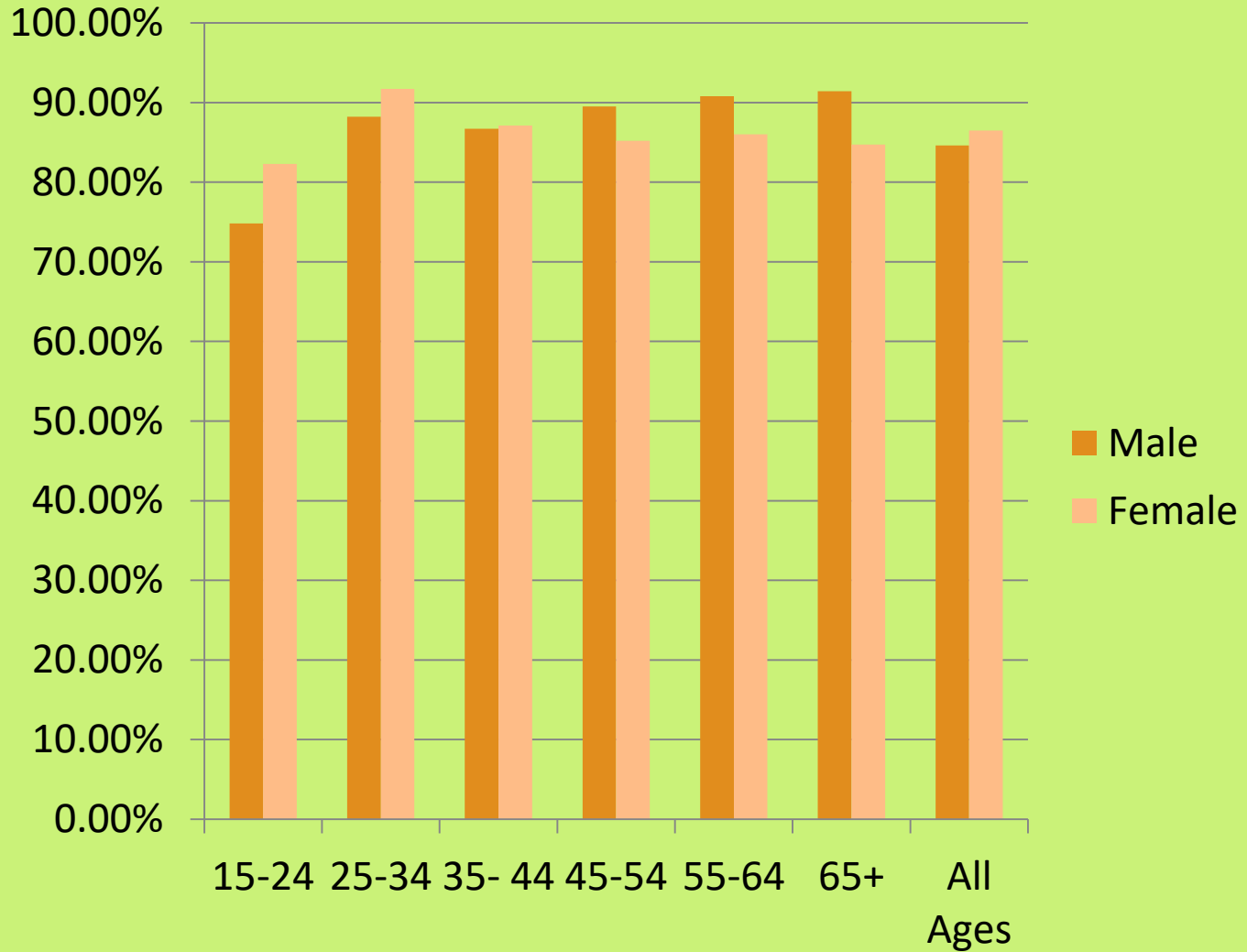


**It is all about good  
outcomes – a  
healthy mum and a  
healthy Baby**



# General information

## Smoking status according to AIHW classification NKPI PI 09



## Smoking Status according to current NHC Clients

