

# Creating space for change: lessons from a successful *smoking cessation in pregnancy* *program*



# It's not just about smoking

*"I think 'cause there's often a lot of issues and barriers, so to them smoking is their relaxation, it's how they cope with everyday life. And I think that's probably why – that's what I find with the young women when I ask them about their smoking, often they're like, it's not even a priority. I've got mental health, drug and alcohol, why am I going to quit smoking when that's how I survive".*

Case Manager



# Case management

- Advocacy for participants when dealing with Govt Depts (eg. Justice, Child Safety, Social Services etc) and utilities (eg electricity companies etc)
- 5 participants secured stable and appropriate housing
- support to access furniture, emergency food relief, basic supplies, welfare payments, safe refuge, substance abuse services
- Accompanied participants to health and medical appointments
- Practical hands-on support when children were hospitalised

*“Everything, really yeah it [ESF] has helped with everything that I have asked and needed and I’m so happy and grateful yeah because my smoking, my health has improved because I’ve reduced. My housing is on track, I’m getting somewhere and actually feeling better about myself with the support and help from this organisation”*

**Nina, pregnant woman**



# Art activities

- Celebrated culture, enhanced social and emotional well-being
- Belly painting
- Pregnancy, family and newborn photographs
- Local Aboriginal artist was employed

*[the arts activities made me feel]... “more in love with my baby, yep. Oh, it made me feel so good. Yeah. I never felt so good in all three pregnancies ... I was so glowing and everything with my third, with [child’s name] and in just doing this program.”*

**Sam, Pregnant woman**



# Smoking cessation support and advice

- Entry point or touch point
- Free Nicotine Replacement Therapy (NRT)
- Smokerlyzer used to determine carbon monoxide readings
- Financial incentives for quit and reduction
- Recognised each participant was unique
- Solutions focussed and all successes celebrated

*“They were willing to work with me and not pressure me about giving up, you can just slow down in time and I thought that was good, yeah ... because a lot of people just expect you to quit straight up, not just like want to work with you ... but we just talked a lot and, just little things that, to avoid smoking and over time I have cut down heaps”.*

**Nina, Pregnant woman**



# What contributed to the program's success?

- Culture at the centre of the model of care
- From the community and of the community
- Person centred - holistic, flexible
- Support and advocacy provided to participants
- Trusting relationships allowed honesty and openness
- Strengths-based & solutions focused
- And, kept smoking cessation on the agenda...



# Changes in smoking status

	2 wks	1 mth	3 mths	1 mth postpartum
<b>Pregnant women</b>	<b>n = 13</b>	<b>n = 19</b>	<b>n = 11</b>	<b>n = 13</b>
Reduction and/or quit	13 (100%)	18 (95%)	9 (82%)	10 (77%)
Quit attempt	5 (38%)	8 (44%)	7 (64%)	4 (31%)
Quit	0	0	4 (36%)*	2 (15%)
<b>Significant others</b>	<b>n = 7</b>	<b>n = 7</b>	<b>n = 5</b>	<b>n = 5</b>
Reduction and/or quit	6 (86%)	7 (100%)	5 (100%)	4 (80%)
Quit attempt	2 (29%)	3 (43%)	3 (60%)	3 (60%)
Quit	0	0	1 (20%)	0



# Our participants

	Pregnant women (N=41)		Significant others (N=16)	
	n	(%)	n	(%)
Aboriginal and/or Torres Strait Islander	25	(80)	13	(81)
Age (mean, SD) years	22 ( $\pm$ 3.4)		24 ( $\pm$ 7.9)	
Employed	8	(26)	3	(20)
Did not complete high school	17	(55)	11	(73)
Smoking status				
• <i>Current smoker</i>	23	(74)	13	(81)
• <i>Ex-smoker</i>	6	(19)	0	(0)
• <i>Never smoked</i>	2	(6)	3	(19)
Previous quit attempts	17	(61)	7	(58)
Marijuana smoker	8	(29)	9	(90)

