Advanced Competencies – Helping Pregnant and Postpartum Women Stop Smoking

This training standard was developed for the National Training Service (NTS) Alliance in consultation with subject matter experts.

The purpose of this training standard is to provide a benchmark for knowledge and skills that should be included when providing training in smoking cessation treatment for pregnant and postpartum women. This is to help ensure consistency in training content and alignment with best practice.

This standard is not designed to be prescriptive of how, when, or in what format training is delivered.

Version 1.1 (August 2017)

Training Standard:

Advanced competencies – Helping Pregnant and Postpartum Women Stop Smoking

The following information outlines benchmarks or competencies for practitioners working directly with pregnant or postpartum women.

These standards are additional to the core competencies and seen as an advanced set of competencies.

These practitioners are required to offer services that align with the specific needs of pregnant and partum women.

What: The need for Pregnant and Postpartum training standards for smoking cessation	All Stop Smoking Practitioners need to be able to demonstrate fundamental smoking cessation knowledge and skill. Working with pregnant and postpartum women who smoke requires some additional knowledge and skills.
Who: The intended audience	Primarily Stop Smoking Practitioners, but may include other health practitioners who are assisting pregnant and postpartum women to stop smoking.
Where: The location of services.	All health practitioners need to provide high quality stop smoking support in all settings where they are helping people to stop smoking. This may include: Healthcare settings, public health settings, community settings and in people's homes.
When: The time the services are offered	At the point of contact
How: The way the sessions are delivered	The service user should be offered a range of options including face-to-face, electronic message, or by telephone at the point of contact

Benchmarks for Knowledge:	**The practitioner is able to**:
	• Describe the hesitancy many women have to discuss smoking including but not limited to:
	    ○ Fear of Stigmatisation and not wanting to be criticised
	    ○ Feeling guilty for doing harm
	    ○ Previously failed in attempts to quit and disempowered
	• Describe the prevalence (including ethnic differences) and cessation rates in pregnant woman
	• Describe the factors related to smoking in pregnancy including but not limited to:
	    ○ Barriers to cessation
	    ○ Risks in pregnancy
	    ○ Risks to the foetus
	• Describe the effects of second hand smoke on the foetus and on children, which include, but are not limited to:
	    ○ Low birth weight and preterm birth
	    ○ Sudden Infant Death Syndrome
	    ○ Asthma cases as well as more frequent or severe asthma symptoms
	    ○ Middle ear infections and diseases as well as tympanostomy tube (grommet) insertions, tonsillectomies and adenoidectomies
	    ○ Allergies
	    ○ Sleep problems including trouble falling asleep and sleep-disordered breathing
	    ○ Reduced lung capacity
	    ○ Colic
	• Describe the benefits of quitting for the baby including, but not limited to:
	    ○ Increase in oxygen intake
	    ○ More likely to have a normal birth weight
	    ○ More likely to be born at term
	• Describe the importance of partner / whānau / family involvement and support
	• Describe the supports available to help pregnant and postpartum women who want to stop smoking
	• Identify the roles in a wraparound service and the continuum of care

Benchmarks for Knowledge: (cont'd)	• Describe how to use a CO monitor accurately
	• Describe the smoking cessation medicines appropriate for pregnant clients (currently only NRT)
	• Describe strategies to reduce/eliminate second hand smoke including:
	o Asking others not to smoke around her, before, during and after the pregnancy
	o Asking others not to smoke around the baby or other children
	o Making the home and car smoke free (no one is allowed to smoke in the home or the car etc)
	o Remove all ashtrays or paraphernalia from the home
	o Have her leave any room if someone smokes
	o Encourage others to choose smoke free places to meet
	• Describe myths associated with removing second hand smoke

Benchmarks for Skills:	*The practitioner is able to:*
	• Explain the risks related to smoking in pregnancy
	• Provide information about the risks of smoking, benefits of quitting, and cover myths (for example, small baby = easier delivery)
	• Motivate the client to make a quit attempt by explaining the benefits
	o for the individual
	o for the unborn child
	o for others in the whānau / family
	• Encourage clients to utilise cessation supports
	• Provide at least 4 sessions of support following a quit date
	• Use appropriate incentives incorporated into treatment offered
	• Describe the risks and benefits of using NRT to the client
	• Discuss and advise about the use of other products the client may use (for example, Ecigs)
	• Use a CO monitor accurately
	• Discuss basic relapse prevention techniques to prevent post relapse
	• Encourage discussion for the client to determine strategies to reduce/eliminate second hand smoke
	• Discuss with the partner/ whānau / family, if possible, the importance of their involvement and support
	• Determine the smoking cessation medicines appropriate for pregnant clients and monitor care the client will require
Existing training:	There is currently a core competencies stop smoking practitioner programme which needs to be completed before this advanced training is completed.
Considerations:	Training should align with the New Zealand Guidelines for Helping People to Stop Smoking, service specifications and other relevant Ministry of Health documents.

Training and assessment consideration:	All training should include measurable learning outcomes and be delivered in a way that best suits the needs to the audience. Attendees should be actively engaged in the learning rather than just sitting listening. This could include, for example, discussion groups, case studies, problem solving card sorts etc where the learner is actively learning rather than passively listening. Trainers may need to take into consideration that many trainees are busy people and need engaging and efficient training options. Any programme should have a mechanism to check the **measurable learning outcome** was met or provide a reference tool the attendee can use in future. The verb of the learning outcome dictates what the learner is able to do, for example, ***Describe three reasons for ...*** In this case, the assessment should have learners each being able to ***describe the three reasons for…*** and this could be achieved in group discussions, a multiple choice quiz (which has the learner identify the three correct descriptions), a take home handy reference card etc. An important aspect to remember is that training has not worked unless learning has been checked.