

Advanced Brief Tobacco Cessation Intervention Specialist Groups – Pregnant and Postpartum Women

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 on brief tobacco cessation interventions 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 Brief Tobacco Cessation Intervention: Pregnant and Postpartum Women

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

These standards are additional to the brief intervention standards and seen as an advanced brief intervention service.

Health practitioners working with pregnant and postpartum women may be required to provide brief tobacco cessation interventions across multiple interactions and the intervention has to align with the specific needs of this group.

<p>What: The need for Pregnant and Postpartum standards</p>	<p>Brief tobacco cessation interventions are provided by a broad range of people working in health care. Those providing brief interventions must successfully facilitate the process in a way to help the priority group of pregnant and postpartum women.</p>
<p>Who: The intended audience</p>	<ul style="list-style-type: none"> • Doctors • Nurses • Pharmacists • Midwives • Ultra sonographers • Healthcare workers <p>However a range of other regulated and non-regulated health practitioners may also be in a position to provide a brief tobacco cessation intervention.</p>
<p>Where: The location of services</p>	<p>The brief intervention process is provided wherever health services are offered.</p>
<p>When: The time the services are offered</p>	<p>The brief intervention is provided at the point of contact appropriate to context and circumstances in health settings.</p>
<p>How: The way the sessions are delivered</p>	<p>A brief intervention will typically be provided opportunistically during face-to-face interactions. The intervention may also be provided during other contact, such as telephone or video-based communication.</p>

<p>Benchmarks for Knowledge:</p>	<p><i>The health practitioner is able to:</i></p> <ul style="list-style-type: none"> • Identify appropriate opportunities to raise the topic • Describe the hesitancy many women have to discuss smoking • Describe the prevalence of smoking and cessation rates in pregnant woman • Describe the health risks associated with smoking in pregnancy • Describe the effects of second hand smoke on the foetus • Describe the benefits of quitting (for mother and baby) • Describe the importance of partner/family involvement and support • Identify learnable key phrases to use with pregnant or postpartum clients to facilitate “healthy lifestyle chats”. • Describe the support available to help people who want to stop smoking • Identify the roles in a wrap around service / continuum of care • Describe ways to encourage the client to think of strategies to reduce/eliminate second hand smoke • Describe how to appropriately record NRT being taken
<p>Benchmarks for Skills:</p>	<p><i>The health practitioner is able to:</i></p> <ul style="list-style-type: none"> • Encourage clients to utilise cessation supports including nicotine replacement therapy • Encourage the client to discuss strategies to reduce/eliminate second hand smoke as relevant to each patient • Discuss health risks and address any myths of second hand smoke • Encourage the pregnant client to discuss with the partner/whānau/family, if possible, the importance of their involvement and support • Respond effectively to refusal by individual when offered cessation support • Follow-up conversation in future contacts to ensure the smoking status is reviewed, actioned and recorded accordingly • Record that a brief intervention was given and if a referral was made

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.