

Smoking in Pregnancy: An Infant Mental Health Perspective

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Incidence:

- 9.2% of pregnant women in the US smoke
 - 19.8% of pregnant women in Michigan smoke
 - 28.7% of pregnant women smoke in NW Michigan
 - Antrim- 29.5%
 - Charlevoix- 35.0%
 - Leelanau- 17.0%
 - Benzie- 26.4%
 - Grand Traverse- 21.9%
 - Kalkaska- 42.9
- (2012 data)

Effects of Smoking on Mother

- Spontaneous abortion
- Premature Labor/Birth
- Premature Rupture of Membranes
- Abruptio placenta
- Placenta previa

Effects on the Fetus/Infant

- Intrauterine Growth Restriction
- Low Birth Weight
- Small for Gestational age
- Sudden Infant Death Syndrome
- Increased infant mortality rate

Effects on Child

- Cleft palate and cleft lip
- Asthma, ear infections, respiratory infection
- Neurotoxicity and Neurobehavioral disturbances
- ADHD -like behavior
- Behavior problems
- Conduct disorders

Reproductive Toxins

Carbon Monoxide:

- Retards growth
- Reduces brain weight
- Alters brain neurotransmitters levels (like dopamine, serotonin, acetylcholine)
- Causes cardiac hypertrophy and abnormal heart rate regulation
- Produces postnatal cognitive impairments in rats

Toxins

Nicotine:

- alters the autonomic nervous system
- reduces ability of the adrenal medulla to secrete adequate levels of epinephrine and norepinephrine
- delays the development of beta receptors in the heart

Oxidant gases:

- Damages blood vessels and blood cells

Lead

Nature of Nicotine Addiction

How nicotine works

Hormonal effects from nicotine

Adaptation and withdrawal

Maternal Tasks of Pregnancy

- Safe Passage
- Acceptance of Others
- Binding in to the Child
- Giving of Oneself

Factors that influence quitting in pregnancy:

- Maternal stress
 - Having an unemployed partner
 - Financial worries
 - Problems with the family
 - Domestic violence (42%vs 15% for nonsmokers)

Prenatal Depression/Smoking

- Look at the association between PND symptoms and
 - Smoking behaviors
 - Beliefs and attitudes about smoking
 - Environmental factors that promote smoking
 - Nicotine addiction

Prenatal Depression/Smoking

A higher score on the CES-D (>23) was associated with:

- Nicotine addiction
- Not thinking of quitting
- Not expecting support from family or friends if they did decide to quit

Stages of Readiness

- Precontemplation
 - Client does not believe that a problem exists
 - Needs evidence of a problem and its consequences
- Contemplation
 - Client recognizes that a problem exists
 - Is considering treatment
 - Needs support and encouragement to initiate treatment
 - Needs to understand the benefits of treatment

Stages (cont.)

- Ready for action
 - Client is ready to begin treatment
 - Needs referral/treatment programs
 - Negotiate and contract with the client to begin treatment
- Action client begins treatment
 - Needs ongoing support and follow-up to assure treatment success

Motivational Interviewing

- Spirit of Motivational Interviewing
 - Collaboration: A partnership; shared decision-making
 - Evocative: Understand mother's goals. Evoke her own arguments for behavioral change
 - Honors Autonomy: It is up to the mother to decide.

Style of Motivational Interviewing

- Resist the righting reflex
- Understand the woman's motivation
- Listen with empathy
- Empower the client

Motivational Interviewing

- Empathy: The person feels listened to and understood
- Sharing Information: ASK PERMISSION!
 - respects autonomy and right to say “no”
 - be prepared to shift to something else if they say “no”
- Ask initial understanding
- Personalize the message
- Assess current understanding

5 A's

- Ask
- Advise
- Assess
- Assist
- Arrange

Ask

- Identify smokers

“Looking over the 5 statements about tobacco on the questionnaire, which fits best with you?”

Advise

- Strongly urge her to quit

“Quitting smoking is most important thing you can do to protect your health and your baby’s health”.

- Highlight the many advantages of quitting.

“There are many benefits for you and your baby if you quit smoking. For example, it increases the chances of you having a normal weight baby.”

Assess

“Are you willing to make a quit attempt in the next 2-4 weeks?”

5 Rs:

Relevance

Risks

Rewards

Roadblocks

Repetition

Assist

- Help her develop skills and information resources
 - Suggest and encourage use of problem-solving-skills
 - Provide support to maintain the quit attempt
 - Arrange social support in her own environment
 - Provide pregnancy-specific self help materials

Partner involvement

- Emphasize importance of partner in helping mother to quit
- Give tips on how mother can quit if partner not ready to make a quit attempt
- Include in assessment of partner's capacity to support the pregnancy (maternal tasks)

Community Resources

- Describe current community resources
- Discuss successes of those resources
- Identify challenges to accessing those resources
- List gaps in continuum of care for pregnant women in your community (from pregnancy test to one year postpartum)
- Develop next steps

Role of the Home Visitor

- Listen with empathy
- Develop/strengthen evidence-based skills to assist quit attempts
 - Infant Mental Health skills (with Reflective consultation)
 - Motivational Interviewing skills
 - 5 A's training

Advocate for community involvement!