



Supporting smoking cessation during pregnancy - nicotine replacement therapy (NRT) *General practice version*



Key messages

- Non-pharmacological interventions such as multi-session behavioural intervention (for example, as



Definitions

CO – carbon monoxide

Faster-acting NRT includes lozenge, mini lozenge, gum, inhalator and mouth spray

GORD – Gastroesophageal reflux disease

HSI – Heaviness of Smoking Index

NICU - neonatal intensive care unit

NRT – nicotine replacement therapy

PBS – Pharmaceutical Benefits Scheme

PKU – phenylketonuria

Background

Tobacco smoking during pregnancy has been associated with an increased risk of obstetric complications, adverse birth outcomes and infant mortality (1, 2).



‘Advise’ – Advising women of the most effective way to quit and why quitting is important

Provide advice to all pregnant women who are currently smoking and those who have quit because of pregnancy, in a clear, strong, personalised and non-judgemental way. This may include:

- The importance of quitting completely, not just cutting down
- Benefits of quitting for woman and baby, personalised to the woman’s unique clinical situation where possible
- The most effective way to quit using evidenced-informed interventions (i.e. behavioural intervention ± NRT)
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Other considerations

There are other considerations for some medical conditions/scenarios. Certain NRT formulations will not be suitable for some women, and an alternative should be considered.

Table 3. Additional considerations that may require alternative formulations of NRT.

| Consideration | Recommendation |
|-------------------------------------|---|
| Phenylketonuria (PKU) | Avoid faster-acting NRT containing aspartame in women with PKU. |
| Dentures or complicated dental work | Avoid the use of nicotine gum as it may stick to and |



Table 6: Faster-acting NRT

| NRT formulation | Strengths | Recommended dose | Directions for use |
|------------------------|------------------|---|--|
| Lozenge | 2mg 4mg | One lozenge every 1 to 2 hours (up to 15 lozenges per 24 hours) Maximum of 12 (2mg) lozenges per 24 hours when used in combination with an NRT patch | <ul style="list-style-type: none">• Allow the lozenge to slowly dissolve in the mouth (may take up to 30 minutes)• Move the lozenge from one side of the mouth to the other from time to time• The lozenge should not be chewed or swallowed whole• Lozenge containing aspartame is not suitable for women with PKU |
| Mini lozenge | 1.5mg 4mg | One mini lozenge every 1 to 2 hours (up to 20 (1.5mg) mini lozenges or 15 (4mg) mini lozenges per 24 hours). Maximum of 12 (1.5mg) | |



NRT formulation



Adverse effects

NRT is



References

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Appendices

Appendix 1: Summary of the smoking cessation pathway - 'Ask, Advise, Help' model

| | |
|---------------|---|
| Ask | <p>Ask all women about their tobacco smoking status and document in the medical record</p> <p>“Do you currently smoke?”</p> <ul style="list-style-type: none"> • Currently smokes • Quit because of pregnancy (spontaneously quit/recently quit) – Congratulate and continue pathway • Previously smoked – Congratulate and encourage them to remain abstinent. • Never smoked <p>Offer CO monitoring to all pregnant women if available.</p> |
| Advise | <p>Advise all pregnant women, who are currently smoking and those who have quit because of pregnancy, in a clear, strong, personalised and non-judgemental way.</p> <p>Provide information about:</p> <ul style="list-style-type: none"> • The importance of quitting completely, not just cutting down • Benefits of quitting for the woman and her baby • The most effective way to quit using evidenced-based interventions • The importance of remaining abstinent, especially in women who have recently quit (recognising that these women are at higher risk of relapse) |
| Help | <p>Helping women quit smoking through evidence-based smoking cessation interventions</p> <ul style="list-style-type: none"> • Refer women with underlying medical conditions or those who are taking concurrent medicines to a medical practitioner • Assess level of nicotine dependence using the Heaviness of Smoking Index (HSI) in women who smoke cigarettes • Offer all pregnant women who smoke or those who quit because of the pregnancy referral to Quitline for behavioural intervention • Initiate NRT if clinically appropriate and after the risk-benefits have been explained to the women; dose according to the nicotine dependence level <p>Low nicotine dependence (HSI score 0 to 2) Moderate nicotine-5.50(1) 0</p> |



Appendix 2: Examples of clinically significant drug interactions with cigarette smoking (16, 24-27).
