

Title Page: Couples and Smoking

What You Need to Know When You are Pregnant

[image]

Young pregnant women looking down

[end image]

[image]

Facial portrait of young couple, cheek to cheek

[end image]

[image]

Facial portrait of young couple, back to back

[end image]

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Couples and Smoking: What You Need to Know When You are Pregnant

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for Women's Health, the Institute for Healthy Living and Chronic Disease Prevention, University of British Columbia Okanagan, and NEXUS, University of British Columbia Vancouver.

[image]

Facet logo: Families Controlling and Eliminating Tobacco

[end image]

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Page iv:

[image]

Pregnant women looking down holding her abdomen

[end image]

Page 1: Background

This is a self-help booklet for pregnant women who smoke. In this booklet you will learn how routines, habits, and ways of interacting with your partner influence smoking. Understanding how smoking is influenced by others and everyday routines is an important first step in changing smoking behaviors. If you decide to reduce or stop smoking, you can use this booklet along with other resources to support you in reaching your goals.

Page 2: Making Changes

Ever notice how sometimes what you do or the way you think is impacted by others? The decisions we make around our health are no different – they are also influenced by other people in our lives. For example, if exercise is a routine part of the lives of others in your household, chances are it will be important to you too. When women become pregnant, many reconsider their health behaviors and try to make changes. Some women think about reducing or stopping their smoking. Before you start trying to change your smoking, it is important to understand how smoking is influenced by routines and habits shared with others in your household.

Page 3: What are TRIPs?

TRIPs stands for Tobacco Related Interaction Patterns. These ways of relating to each other are created over time and vary from couple to couple. When couples come together, habits and routines are developed that include smoking. This happens whether both members of the couple or only one person smokes. TRIPs are reflected in:

- the way you talk to your partner about smoking (or whether you talk about it at all);
- where you or your partner smoke and don't smoke (indoors, outdoors, in the car);
- when you smoke and when you don't smoke;
- what situations are okay or not okay for you to smoke in;
- who you smoke with (your partner, co-workers, friends, or alone);
- any rituals you have with your partner around smoking (taking turns, lighting each other's cigarettes, sharing a cigarette).

TRIPs become part of every couple's daily life and are often taken-for granted. Researchers have found that couples usually develop one of three types of TRIPs: accommodating, disengaged, and conflictual.

Page 4: Do you recognize yourself and your partner in any of the following three descriptions?

Vignette 1: Accommodating

The accommodating TRIP describes couples who treat smoking as acceptable and find ways to create opportunities to smoke.

Even though Dave doesn't smoke, he accepts that Eve enjoys smoking and that it helps Eve relax. He doesn't mind stopping at the corner store to buy her cigarettes on their morning commute to work. Smoking is her chance to unwind, relieve stress and be social. Eve's favourite cigarette is the after dinner cigarette. She usually cooks and after dinner Dave does the dishes so she can sit down, put her feet up, and forget about the day by reading a book and enjoying a smoke.

Vignette 2: Disengaged

The disengaged TRIP describes couples who treat smoking as an individual choice and usually smoke separately from each other.

Michelle rarely speaks to Tom about smoking or cigarettes. Both feel smoking is no one else's business, so there is no reason for them to talk about it. They both smoke as a break from work, with co-workers or when they are hanging out with their friends. Michelle has her favourite brand and she buys her own cigarettes. She and Tom both smoke in the evening, but usually not together.

Vignette 3: Conflictual

The conflictual TRIP describes couples for whom smoking creates tension in their relationship and sometimes arguments.

Jen's partner Mitch doesn't smoke and constantly complains about her smoking. She doesn't like it when Mitch tells her that she 'stinks.' Sometimes he refuses to kiss her until after she brushes her teeth. She feels his behavior is insulting and feels hurt by it. Whenever possible, she does her smoking with her own friends, away from Mitch, so she can smoke in peace.

Page 5: Knowing Your TRIPs

Knowing your TRIPs in your relationships is beneficial because it:

- Helps you think about how your day-to-day activities as a woman and as a couple influence your smoking;
- Helps you understand how you and your partner interact about smoking;
- Helps you understand how other people influence your smoking;
- Helps you think about what you need to do to change your smoking.

Knowing your TRIPs gives you tools and ways of talking about smoking.

- You can talk about what is happening.
- You can talk about how different habits and household routines influence your smoking.
- You can talk about the kind of support you would like to reduce or stop smoking.

Refers to the acronym TRIPs:

T = Tobacco R = Related I = Interaction P = Pattern

Page 6: Identifying the TRIPs in Your Relationship during Pregnancy

No content

Page 7: The following questions will help you identify what kind of TRIPs influence you and your partner.

1. Which of the following best describes you and your partner's general way of handling smoking?
 - a. We usually treat smoking as an individual choice and feel no need to talk about smoking.
 - b. For us, smoking is a on-going source of tension and sometimes disagreements.
 - c. We usually talk openly about smoking issues and easily come to agreements about smoking.
 - d. Other (Please describe.) _____
2. Which of the following best describes the pattern you and your partner have for obtaining cigarettes in your household?
 - a. We generally expect anyone who smokes to buy and smoke their own cigarettes.
 - b. Buying cigarettes is only done by one of us and is done almost secretly because it starts arguments.
 - c. Regardless of whether or not we both smoke, we usually take turns buying cigarettes for each other.
 - d. Other (Please describe.) _____
3. Which of the following best describes how, after an attempt to quit, you and your partner handle slips and returning to smoking?
 - a. It's not a problem because smoking is seen as each person's choice or right.
 - b. It's a problem that is a on-going challenge in our relationship.
 - c. It's a minor problem that is easily addressed because each person moderates their position on smoking to preserve the relationship.
 - d. Other (Please describe.) _____
4. Have you noticed any changes in tobacco-related interactions with your partner since you became pregnant? If yes, please describe. _____

KEY

- .. If you checked mostly a's, then you and your partner tend to have a disengaged TRIP.
- .. If you checked mostly b's, then you and your partner tend to have a conflictual TRIP.
- .. If you checked mostly c's, then you and your partner tend to have an accommodating TRIP.

- .. If you had a mix of answers, then you might be a couple whose interactions related to tobacco are different at different times. Pregnancy is a time when interactions that involve smoking might change.

Page 8:

[image]

A man and a woman are facing forward and standing side by side. There is small distance between them.

[end image]

Understanding compelled tobacco reduction . . .

Page 9: Pregnancy and Compelled Tobacco Reduction

Research has shown that women feel intense pressure to stop smoking when they become pregnant. This pressure comes from partners, family members, the media, etc. Pregnant women who are unable to reduce or stop smoking often feel guilty and ashamed about their smoking. While more women are quitting when they become pregnant, approximately 70 percent of women resume after they give birth. For these women, reduction during pregnancy is often not truly voluntary; many have undergone what researchers refer to as “compelled tobacco reduction.”

The following journal entry shows an example of how compelled tobacco reduction was experienced by one woman.

[quote]

Dear Diary, My sister has been telling me again, “You know you should quit smoking, you’re pregnant and blah blah blah.” Between her and the others – Sigh! It’s so frustrating and I don’t want to feel frustrated NOW. I just kind of – I don’t know – brushed it off – like: that’s nice – it’s good you feel that way! I don’t know. I mean, honestly I knew I should quit smoking, it didn’t really matter how many people told me. It’s obvious it’s bad. I’m quite aware of that. I just wish people would quit bugging me – I’m standing outside with this huge belly and you know – obviously pregnant and I have a cigarette hanging out of my mouth – I do feel kind of stupid. Everyone is bugging me. It was probably only a couple of weeks after I discovered that I was pregnant that Nathan was definitely trying to encourage me to quit smoking. I know, I should – and I did cut down on smoking. It was definitely something I was trying to do right away.

[end quote]

Page 10: How Compelled Tobacco Reduction Influences TRIPs

- Pregnancy is a time when couples experience a lot of changes, including changes in their habits and routines. Sometimes these changes include the ways that they relate to each other about smoking (their TRIPs).
- Compelled tobacco reduction can influence a couple’s relationship.
- It’s your decision if you want to smoke, reduce or quit. However, it’s helpful to remember that your ability to make changes to your smoking is partly influenced by the routines you have with your partner.

- Smoking affects your health. So does the way you feel about yourself, the way you deal with stress and your overall sense of well-being. How your partner influences these factors can also contribute to your health.
- If smoking is an issue that increases conflict in your relationship, you need to talk to someone about this (such as your doctor, a friend, or a relationship counsellor).

Page 11: Compelled tobacco reduction causes women to try to reduce or stop smoking.

This can lead to changes in how a couple interacts about smoking. What kinds of changes? The answer depends on the couple's pre-existing TRIPs.

Some things that many couples have experienced are listed below:

Couples with an Accommodating TRIP

- Partners encourage women to reduce or stop smoking, but accept and support the women's goals and decisions about reducing or stopping smoking.
- Women openly discuss progress related to reducing or stopping smoking. They feel comfortable asking their partners for support.
- Partners show understanding for slips.
- Couples attempt to reduce or stop smoking together.

Couples with a Disengaged TRIP

- Women are reminded about the risks of smoking by their partners. This can create tension, especially when partners continue to smoke.
- Women are taken aback and sometimes irritated when partners try to influence their smoking.
- Women begin to ask their partners to reduce or stop smoking.
- Couples often experience increased tension or conflict in their relationship.

Couples with a Conflictual TRIP

- Partners pay closer attention to women's smoking and increase the pressure to reduce or stop smoking.
- There may be conflict about smoking. Women tend to avoid talking about any difficulties they experience with reducing or stopping smoking.
- Women who are trying to reduce or stop smoking hide their slips from their partners to avoid conflict. They rarely ask their partners for support in changing their smoking behavior.
- When women stop smoking, couples experience less tension because smoking is now a non-issue.

Page 12: Frequently Asked Questions

- How much support will I need to stop or reduce smoking?
 - Answer: The amount of support that a person needs varies from person to person. Each quit is unique and it is difficult to know how long a person will need support with any withdrawal or cravings.

- Should my partner and I try to quit smoking at the same time?
 - Answer: Yes, if possible. Couples who stop smoking together may be able to help each other remain smoke-free. It can be difficult to stop smoking when someone else in your home continues to smoke.
- Are there programs available to help my partner stop smoking?
 - Answer: Yes, there are smoking cessation programs for your partner. Consult with your family doctor and/or look at the resources listed at the end of this booklet.
- I don't see myself quitting smoking right now. Are there things that I can do to reduce the harmful effect of smoking?
 - Answer: Yes, there are many things that you can do to reduce the effect of smoking. These include the following:
 - Get into the habit of smoking outside. Then when the baby comes home, you'll be used to smoking outdoors and not inside.
 - Talk with a doctor about using nicotine replacement therapy.
 - Try smoking only part of each cigarette – such as three-quarters of it – instead of the whole cigarette.
 - Work toward reducing or quitting smoking in the last three months of your pregnancy.
 - Exercise. Eat a well-balanced diet. Get enough rest.

Page 13: Frequently Asked Questions

- What can I ask my partner to do to help me reduce or stop smoking?
 - Answer:
 - You can ask your partner to help distract you from activities or habits that act as triggers for you to smoke. For example, if you usually smoke after supper while watching TV, you could both go for walk or a drive instead.
 - If you smoke because of stress, tell your partner you need time to relax. If your partner asks how they can help, ask them to help with tasks such as household chores, taking care of the new baby or children. This way they can help to reduce your stress.
 - If you partner smokes, you can ask your partner to not smoke in front of you, to not leave cigarettes or ashtrays inside the house and to empty ashtrays often.
- Is it possible to change my TRIP?
 - Answer: Yes. When a understands the TRIP that she and her partner have developed around smoking, she can decide to make changes – in the way she talks about smoking and in the routines that influence her smoking. She can decide to talk to her partner about how TRIPs affect her smoking. A partner may decide to support a woman's efforts to reduce or stop smoking by changing the way they participate in interactions involving smoking. For example, partners could change their smoking routines, or co-quit.
- How long does it usually take for a smoker to be free of addiction?
 - The time for physical withdrawal from nicotine varies from person to person. So do the symptoms. However, many people feel the most difficult time is the first couple of days. Usually the withdrawal symptoms lessen after the first three or four days, but they might go on for two or three weeks.
 - The psychological withdrawal from nicotine also varies from person to person. It may last longer than a couple of weeks. It's important to remind yourself why you are quitting and try to avoid places or situations that you associate with smoking.

Sometimes you can't avoid familiar situations. However, it can help to have a plan for what you can do instead of smoking when you find yourself in setting that could trigger your smoking.

- When can I consider myself a non-smoker?
 - This also varies. Some people consider themselves to be non-smokers when they feel no temptation to smoke and their confidence about not smoking is 100 percent. Others may consider themselves non-smokers but realize there is always a possibility of returning to smoking.

Page 14: Frequently Asked Questions

- Other people, including my partner, think reducing or stopping smoking is easy for pregnant women. Is this true?
 - Answer: Although some pregnant women are able to reduce or stop smoking, others find it very difficult to do so. People often have to go through many attempts before they succeed.
 - Even when women want to stop their smoking, an addiction to nicotine can make it very difficult. Withdrawal symptoms from nicotine are no different for women who are pregnant than for other women.
 - There is evidence that women can have a more difficult time stopping smoking than men because smoking can become an important part of women's lives. Both women and men may smoke as part of their social lives and as a way of reducing stress. But often the social aspects of smoking are more important for women than men. Therefore, for some women, quitting smoking is not just about dealing with nicotine withdrawal but about creating new ways of socializing and coping with stress.
- How does it benefit me to be aware of my smoking routine and TRIP?
 - Answer: Reducing or stopping smoking is not always easy. Knowing about your tobacco routines and TRIP as a couple can help you change a tobacco-related behavior.
- What can I do if my partner is pressuring me to reduce or stop smoking?
 - You can ask your partner to stop pressuring you.
 - You can tell your partner that you do not to discuss your smoking and that you are working on this issue on your own.
 - You can try to go to fewer events where you might be exposed to more pressure. If you are in situation where you feel pressure, you can remove yourself from it.
 - If you feel unsafe, get help from any resources you have available (family, friend, community organization, etc.).

Page 15: Frequently Asked Questions

- What do I do if any time my partner brings up the topic of smoking it ends up being an argument?
 - Answer: If arguing about smoking is a regular pattern, then you develop strategies to deal with the situation. For example, some women diffuse the situation by getting some space for themselves. They always know where their purse and keys are, and they keep in mind a couple of places where they can go until the situation has calmed down. Other women, to avoid an argument, simply agree with what their partner is saying. Still others say to their partners, "I am not going to participate in a discussion about smoking right now".

- What should I do when other people tell me I should not be smoking because I am pregnant?
 - Answer: You can remind them that there are many things you do for your health in general and for a health pregnancy in particular. Some of the healthy things that women do because they are pregnant include getting enough rest, eating a varied diet, eating regularly, learning how to better deal with stress, exercising gently, going for regular check-ups, beginning to prepare the home for a baby and staying emotionally healthy.
- What are the possible next steps?
 - Answer: You can use this opportunity to:
 - Stop smoking. If you feel that now is a good time for you to stop smoking, the resources listed on the next page can help you.
 - Reduce smoking. The resources listed on the next page can also help with this goal.
 - Make other changes to improve your health. The Health and Family resources on the next pages can help you and your baby be healthier.
 - Ask for support from your partner, you friends, and your family members.
 - Use your support in your community such as health care providers, social workers, marriage counselors, etc.

Page 16: Pregnancy and Smoking Cessation Resources

BC Quitline

Telephone: 1-877-455-2233

<http://www.quitnow.ca>

Support and information on quitting smoking are available 24 hours a day, 7 days a week to BC residents. Counsellors can give specialized support to pregnant women.

Pregnets

<http://www.pregnets.ca>

The Pregnets website provides up-to-date information on stopping smoking for pregnant women and women with new babies. It also has a toolkit for health care professionals and an anonymous online discussion board.

Motherisk

Telephone: 1-877-327-4636

<http://www.motherisk.org>

Connected to Sick Children's Hospital in Toronto, Motherisk provides online information on the risks of using substances (including tobacco) while pregnant. It also offers telephone counselling for women, and consultation for service providers.

Other Resources Related to Smoking in Pregnancy

Expecting to Quit: A Best practices review of smoking cessation interventions for pregnant and postpartum girls and women.

http://www.bccewh.bc.ca/publications-resources/download_publications.htm

BC Reproductive Care Program Guideline – Tobacco Use in the Perinatal Period (PDF)

www.rcp.gov.bc.ca/guidelines/Substance_Use/Tobacco%20guidelines.pdf

PRIMA: Pregnancy-Related Issues in the Management of Addictions

<http://www.addictionpregnancy.ca/lnr/downloads/PRIMA laminate.pdf>

Page 17: Health and family Resources

BC NurseLine

Provides confidential health care information 24 hours a day at the numbers listed below.

- Toll-free in BC 1-866-215-4700
- In Greater Vancouver 604-215-4700
- Deaf and hearing-impaired 1-866-889-4700

www.bchealthguide.org/nurseline.stm

Your local health authority and Public Health Unit

<http://www.health.gov.bc.ca/socsec/contacts.html>

Your local Pregnancy Outreach Program (POP)

(Note: for a listing of BC POPs, see: www.bcapop.ca)

Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care

www.health.gov.bc.ca/cpa/publications/babybestchance.pdf

(Note: Hard copies free at local Public Health Units)

ActNow BC

<http://www.actnowbc.ca>

Page 18: Couples and Smoking

This booklet is based on the findings from the Families Controlling and Eliminating Tobacco (FACET) research projects:

FACET 1 (2002-2005)

The purpose of this research project was to describe couple dynamics that influence women's tobacco reduction during pregnancy and the postpartum period. The study was conducted in Vancouver, British Columbia. In this study 31 couples were interviewed in the first few weeks following delivery to learn about women's experiences in reducing or stopping smoking during pregnancy and how their partners influenced their tobacco reduction. Approximately 3-6 months later couples were interviewed again to find out how things changed during the postpartum period, and about efforts to minimize the infant's exposure to second-hand smoke. Detailed analysis of the interviews resulted in important findings. Couples' tobacco-related interaction patterns (TRIPs) were described for the first time, as well as women's experiences of compelled tobacco reduction. The findings of this study have been used to form the basis of this information booklet.

FACET 2 (2005-2008)

This follow-up study is focused on investigating how mothers, fathers and children influence tobacco use in homes as children transition from infancy to early childhood. In addition, we are also examining men's smoking during their partner's pregnancy and the postpartum period. Interviews are being conducted with new fathers who smoke. In addition, 25 couples will participate in individual interviews at two different time points in the transition from infancy to early childhood: 12-14 months and 24-26 months. Although this study is on-going, we have completed an analysis of men's interview data. Important findings include that although men resist stopping smoking during their partners pregnancy, fatherhood prompts some men to reconsider their resolve to smoke and may be an opportune time to introduce smoking cessation. These results as well as future findings from this study will be used to improve interventions to support tobacco reduction in childbearing families.

More information about the findings from the FACET projects can be found in the following website: <http://www.facet.ubc.ca>- and in the following publications:

1. Bottorff J.L., Kalaw C., Johnson, J.L., Chambers N., Stewart M., Greaves L., (2005). Unraveling smoking ties: how tobacco use is embedded in couple interactions. *Research in Nursing Health*. 2005 August; 28(4):316-28.
2. Bottorff J.L., Kalaw C., Johnson J.L., Stewart M., Greaves L., Carey J. (2006). Couple dynamics during women's tobacco reduction in pregnancy and postpartum. *Nicotine & Tobacco Research*, August; 8(4):499-509.
3. Bottorff J.L., Oliffe J., Kalaw C., Carey J., Mroz L., (2006). Men's constructions of smoking in the context of women's tobacco reduction during pregnancy and postpartum. *Social Science & Medicine*, June; 62(12):3096-108. Epub 2006 Jan 18.
4. Greaves, L., Kalaw, C., & Bottorff, J.L. (2007). Case studies in power and control related to tobacco use during pregnancy. *Women's Health Issues*, 17(5), 325-332.

If you are interested in participating in our current FACET study, please contact us for more information:
FACET Study Coordinator,
Phone: (604) 822-0532 or (250) 807-8627
E-mail: Healthyliving.research@ubc.ca and mention the FACET Study in the heading

Funding for this research was provided by the Canadian Institutes for Health Research (CIHR) and the Canadian Tobacco Control Research Initiative (CTCRI).

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This booklet may be downloaded in PDF format from the following websites:

- Families Controlling and Eliminating Tobacco <http://www.facet.ubc.ca>
- Healthy Choices in Pregnancy (British Columbia Centre of Excellence for Women's Health) <http://www.hcip-bc.org>

Print copies of this booklet may be ordered from the Healthy Choices in Pregnancy website:
www.hcip-bc.org

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A collaboration between...

British Columbia Centre of Excellence for Women's Health
Vancouver, BC

Institute for Healthy Living and Chronic Disease Prevention
University of British Columbia Okanagan
Kelowna, BC

NEXUS – Researching the Social Contexts of Health Behaviour
University of British Columbia
Vancouver, BC

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