

URN:

Surname:

Given names:

Address:

Medicare number:

Date of birth:

Pregnancy Health Record Supplement

Tobacco Screening Tool

For use when Shared Care Provider does not record Visit Notes in Practice Management Software. Please attach to Mater Pregnancy Health Record.

Smoking is proven harmful to mothers and their unborn children. To help smokers there is smoking cessation support available.

Date: _____ Gestation: _____ Clinician has advised that smoking is harmful to mothers and unborn children

1. Ask

Which of these statements best describes your current smoking?

- I have never smoked
- I smoke daily now, about the same as before finding out I was pregnant
- I smoke daily now, but I've cut down since finding out I was pregnant
- I smoke every once in awhile
- I quit smoking since finding out I was pregnant
- I wasn't smoking around the time I found out I was pregnant – I had smoked within the last 12 months

If currently smoking, number of cigarettes per day: _____

Does your partner smoke? Yes No N/A Does anyone residing in or regularly visiting your household smoke? Yes No N/A

3. Advise 2. Assess

Quitting stage 1. Not ready 2. Unsure 3. Ready 4. Staying a non-smoker 5. Relapse

Barriers to quitting Withdrawal/cravings Partner smoking Weight gain Stress Other

Benefits of quitting

- Pregnancy**
 - ↑ Oxygen and nutrients to baby
 - Normal birth weight
 - ↓ Risk of complicated birth
 - ↓ Risk of pre-term birth
- Breastfeeding**
 - ↑ Intention to breastfeed / duration of feeding
 - No chemicals in milk to baby
- Families**
 - ↓ Risks of passive smoking
 - Healthy environment
- Mother / partner**
 - ↑ Self esteem
 - ↓ Cancers
 - ↓ Cardiac / respiratory disease
 - ↑ Energy, breathe easier, save money
- Baby**
 - More settled
 - ↓ Risk of SIDS, asthma
 - Baby more likely to be discharged with mother
 - Fewer colds, ear, respiratory infections

4. Assist/arrange

Education: Affirm positive change Discuss supports: GP, Quitline Give encouragement Discuss nicotine replacement therapy (NRT)

Written resources given (for mother): Yes Declined Written resources given (for partner): Yes Declined

Quitline number offered 13 QUIT (13 7848) Quitline declined

Referral to Indigenous Health Clinic Faxed Declined N/A

Please complete the following at every opportune visit for smokers and recent quitters

Visit date	Weeks gestation	1. Cigarettes per day	2. Quitting stage (As above, in ASSESS)	3. Advice offered Benefits of quitting	4. Support / Assistance given
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Binding margin - do not write. Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Health Information Services.

Screening tools