Supporting nicotine-free pregnancies

A brief-intervention guide for heath teams

Purpose

Pregnancy requires a different approach from standard, individual-focused nicotine cessation. This guide, based on the five principles below [1], supports health teams to **ask** about all nicotine use in pregnancy (smokes, vapes and other products), **be confident** in the discussion that follows, and **commit** to follow-up responses throughout pregnancy and infancy.

This guide elevates brief intervention as an important health system action that complements referral to cessation services where available and strengthens pregnancy care, child health and the health system as a whole [2].

Principles

1. Mother and pēpi are the unit of care. Both matter. Neither can be left out.
2. A nicotine-free pregnancy is prioritised for every mother and pēpi.
3. All women and partners who smoke, vape or use other nicotine products are included in personalised support, even where confidence to quit is low.
4. Non-therapeutic nicotine products are not recommended, including as cessation aids. Time-limited, clinically supervised NRT may be considered with caution on a case-by-case basis when behavioural support is insufficient for timely change.
5. Urgency. The mother, placenta and developing pēpi need protecting from the start.

‘You and Me’ approach

‘You and Me’ presents a unified approach for health teams and parents to pursue nicotine-free pregnancies together. Keeping mother and pēpi at the centre of care, it says: **“We will ask. We will stay in the conversation. We will always have something to offer.”** The simple *You and Me* leaflet provides a practical way to shape the first conversation.

Guide

1. Assess and record exposure

Ask **“Is this pregnancy nicotine-free — no smoking, vaping or other nicotine use?”**

As well as women, include partners and household members in your assessment and recording. Nicotine use by close others can make quitting harder for women and indirectly expose pēpi.

2. Be clear about risk:

State the facts in neutral terms: **“Nicotine harms pregnancy and can affect pēpi’s breathing, making them more vulnerable to SUDI, especially when bedsharing.”**

Until now, vaping has been seen as a safer alternative to smoking. New research suggests that, in pregnancy, we need to consider nicotine itself as concerning rather than how it is delivered [3]. Vaping is no longer recommended as a cessation aid in pregnancy.

3. Explain why we ask

"We ask because knowing about nicotine exposure helps us provide the right care for you and your pēpi both during pregnancy and once pēpi is born."

Nicotine affects the whole pregnancy. It narrows blood vessels, reducing the supply of oxygen and nutrients to the mother and placenta. Because nicotine can cross the placenta, it also affects the developing pēpi. This includes their breathing, making pēpi more vulnerable during sleep once born, especially when they bedshare.

4. Take a clinical lead

Introduce the 'You and me – nicotine-free' leafet and shape your conversation around it. **"We see pregnancy care as teamwork — you and me together getting to nicotine-free. My role is to bring plenty of options, encouragement and follow-up to help you get there."**

Nicotine exposure in pregnancy is a health concern, not a social issue. Respect means having honest conversations, offering realistic options and staying alongside women, even when change feels difficult. Start with what change is possible today. Teamwork is better than waiting for confidence — there is always something to offer.

5. Personalise your response

Assess quit confidence as high, medium or low and frame your response accordingly. Low confidence today does not mean low potential for change. Think: different starting points, further to travel for some, same destination: a nicotine-free pregnancy. Use a simple: **"How would you rate your confidence to be nicotine-free in the next week?"**

High: Support immediate change to being nicotine-free.
Medium: Use nicotine-free practice (NFP) as a bridge to complete cessation.
Low: Use nicotine-free practice (NFP) in smaller achievable steps also as a bridge to complete cessation. Consider short-term NRT as per principle 4 above.

6. Encourage practice

A helpful principle from psychology is '*when learning is new reinforce approximations and reinforce often*'. Practice breaks nicotine-free change into smaller, achievable parts. Success builds confidence for further change. Use nicotine-free practice (NFP) as a cessation strategy.

Start with sleep: "**Are you nicotine-free when you are asleep?**" If yes, reflect that this is about 8 hours of nicotine-free time for the pregnancy, when more oxygen and blood flow support a healthy mother, placenta and pēpi. Practice gives women a way to start the change now, with no risk of failure, while building confidence to become completely nicotine-free.

7. Use practice to sustain engagement

Find what is already nicotine-free and ask: "**When, where, doing what and with whom could you practise being nicotine-free next?** Practice builds habits. Habits protect

change. Change grows confidence for further change. Encouraging nicotine-free practice also means you always have something to offer women who may become discouraged.

Suggestions for practicing new nicotine-free habits and thinking:

Times: Create nicotine-free times in the day—sleep, before breakfast, after dinner, mornings, or a full nicotine-free day—as often as you can.

Places: Choose places you enjoy and be nicotine-free there—rooms in the house, the park, Nan's place, out walking, in the garden, at the café,

Activities: Choose activities you enjoy and make them nicotine-free —cooking, having a hot drink, meals and snacks, crafts, listening to music, watching a movie at home, texting.

People: Make nicotine-free the norm around certain people — babies, children, older or unwell people, nicotine-free friends, your partner.

Thinking: Practise the thoughts that support change. Imagine what is possible, not just what is difficult; what you have achieved, not what you haven't; you and your pēpi nicotine-free**.**

8. Encourage at each contact

Shape follow-up around these questions: **"What went well?"**, **"What did you learn?"**, **"What next?"**

Acknowledge and affirm specific progress. For example, affirm when a slip did not become a slide, when an 8-hour sleep zone became 9, or when the first nicotine-free practice morning, or day, was attempted or achieved. Notice good decisions, positive feelings and every change that helps protect the pregnancy.

9. Move from practice to commitment

As confidence grows, move from practise to commitment to a nicotine-free change be it a small one, a bigger one, or completely nicotine-free. Your role here is to support holding the changes already made so keep up the encouragement, translate the change into pregnancy benefits, notice the increased confidence, the positive language. Keep a nicotine-free pregnancy in sight as the protection goal.

The conversation is about **"What if …"** to think ahead of potential challenges, **"What works?"** to draw on personal experience, and **"Slips aren't slides."** to restore perspective if the change is fragile. Set a personal time frame with each woman for when practice becomes commitment.

10. Set a clear review point.

Review progress, pace and confidence together. Check whether practice and commitments are building towards a nicotine-free pregnancy and whether the pace remains appropriate. If NRT is being used, review whether it is helping reduce overall nicotine exposure. Adjust the plan as needed to uphold the urgency principle (principle 5), actively keeping both mother *and* pēpi in view and preventing intervention drift.

Plan ahead for birth: For a pēpi exposed to nicotine during pregnancy, ensure an approved in-bed sleeper is offered as extra support for safer sleep when bedsharing [3].

Summary

Don't wait for confidence. Build confidence. Start with a change that is possible today. Use nicotine-free practice (NFP) to include and sustain engagement with every mother–pēpi pair. Carry the goal of a nicotine-free pregnancy into every conversation. Help make it the new norm.

References:

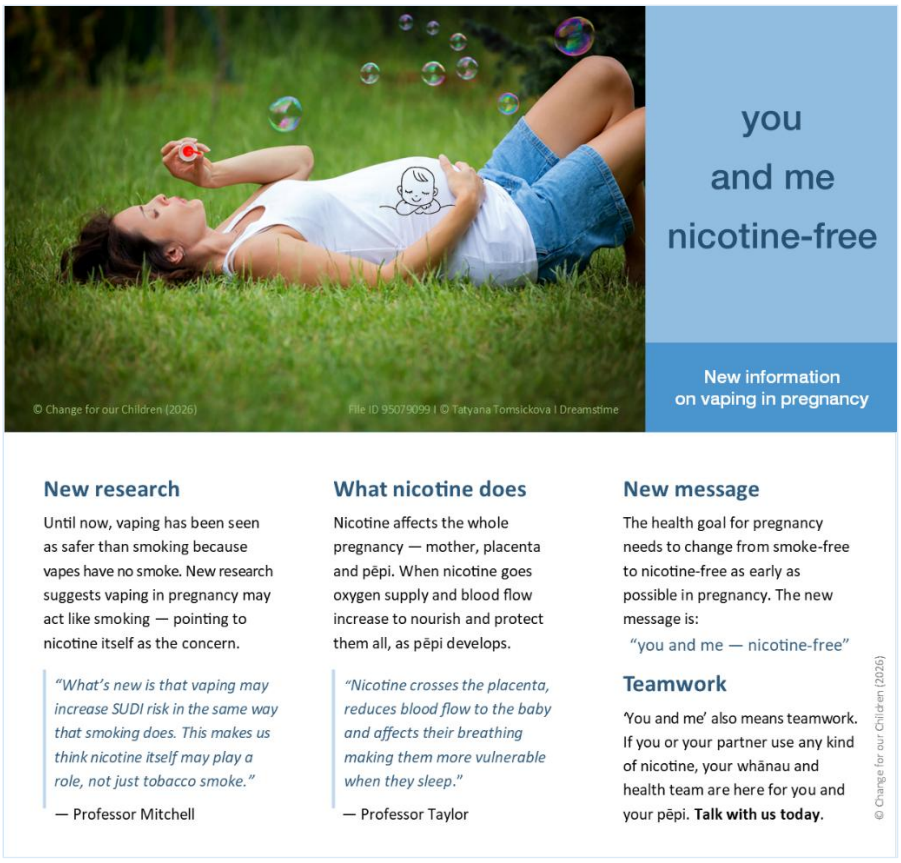
1. Mitchell EA, Cowan SF, Taylor BJ. The Case for a Pregnancy-Specific Nicotine Policy. *Acta Paediatr* 2026. doi:10.1111/apa.70687.

2. Mitchell EA, Cowan SF, Taylor BJ. Sudden Unexpected Death in Infancy in New Zealand: A Review of Coronial Recommendations. *Acta Paediatr* 2026. doi:10.1111/apa.70682.

3. Mitchell EA, Cowan S, Taylor BJ. Maternal Smoking, Vaping and Infant Sleep Practices in Sudden Unexpected Death in Infancy: A New Zealand Case Series. *J Paediatr Child Health* 2026. doi:10.1111/jpc.70352.

4. Mitchell EA, Cowan S, Wilson J, Thompson J. Who Is Supplied With In-Bed Sleepers (Pēpi-Pod and Wahakura) for Reducing SUDI in New Zealand? *J Paediatr Child Health* 2025;61(9):1444–1451. doi:10.1111/jpc.70136.

'You and me nicotine-free' Talk Card



Website for parents:
https://www.changeforourchildren.nz/you-and-me