SMOKE-FREE PREGNANCY & HOME

Preliminary care-coordination plan

1

HEALTH CONCERN

Candice is 26 weeks pregnant and smokes. Brayden (8) and Brandy (2) face household tobacco-smoke exposure. Coordinate maternal quit support and protection for both children.

2

KEY HEALTH RISKS

Pregnancy: impaired fetal growth and preterm birth.
Children: respiratory illness and wheeze; smoke can worsen existing asthma. These are risks, not recorded diagnoses.

3

EVIDENCE-BASED PRACTICES

- Offer pregnancy-tailored counseling, coping strategies and postpartum follow-up (Tatton & Melendez-Torres, 2026).
- Keep home and car completely smoke-free (Radó et al., 2021).
- Connect to prenatal care now; discuss cessation medicines only with the prenatal clinician because pregnancy evidence is limited (Patnode et al., 2021).

4

PHYSICAL-PSYCHOLOGICAL-CULTURAL

- Physical: pregnancy, withdrawal and prenatal-care access.
- Psychosocial: financial strain, childcare and reported partner violence; arrange confidential safety support and safe follow-up.
- Cultural: ask about smoking beliefs, family routines and preferred support. Avoid assumptions.

PROPOSED SMART GOALS

- Within 7 days, complete one cessation-counseling contact and agree on a quit plan with a quit date within 30 days; review weekly (Patnode et al., 2021).
- Within 7 days, establish a smoke-free home/car rule; log zero indoor/vehicle smoking episodes for the next 30 days and review weekly (Radó et al., 2021).
- Agree on timelines with Candice; adapt for safety and access.

5

COMMUNITY RESOURCES

1-800-QUIT-NOW: free, confidential quit coaching.
SmokefreeMOM: text MOM to 222888 (message/data rates may apply).
Prenatal + pediatric care: coordinated follow-up.
Local WIC + social worker: nutrition and safety referrals. Confirm location, eligibility and availability.

REFERENCES

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