



Break the Habit

A Pharmacist's Toolkit for Smoking Cessation Counselling

Preconception, Pregnancy and Breastfeeding



Preconception

When to quit: Encourage for both people at least 3 months before conception

Preferred method: Pharmacotherapy and/or behavioural strategies

Pregnancy

Key facts:

Nicotine crosses the placenta, leading to adverse outcomes such as decreased fetal growth.

When to quit:

Encourage upon pregnancy discovery.

Preferred method:

Behavioural treatments (CBT, support groups)



Other methods:

- Reserved for cases where behavioural treatments fail
- NRT: lowest effective dose of short-acting NRT, under close supervision
 - carries some risk but less than risk of continued smoking
 - for severe addiction, consider use of patch for maximum 16h daily
- Bupropion: crosses the placenta; mixed data on teratogenicity
Possible option for patients with concomitant depression
- Varenicline: possible option if behavioural treatments fail, after risk-benefit analysis

Breastfeeding

Key facts:

Smoking reduces breastmilk quantity and quality, although breastfeeding is still beneficial. Counsel patient on risks of second- and third-hand smoke.

Provide nonpharmacological measures to reduce infant exposure (smoke outdoors, change clothes, wash hands, avoid smoking right before or during feeding).

Preferred method: Short-acting NRT used after breastfeeding (not before)

Other methods:

- Bupropion: Transferred into breastmilk, although infant exposure is low. If used, must monitor infants for seizures, changes in feeding habits, sleep disturbances
- Varenicline: Insufficient data; avoid use



Abbreviations: CBT = cognitive behavioural therapy; NRT = nicotine replacement therapy