

Queensland Health

Supporting Healthier Pregnancies

Quit for You...Quit for Baby

Quit Support Referral Pathway

Step 1: Smoking Status

Do you smoke tobacco cigarettes? ☐ Yes ☐ No	Do you smoke a nicotine vaping product? ☐ Yes ☐ No

Step 2: Assess Nicotine Dependence (tick all that apply)

Do you smoke or vape daily?	☐ Yes	☐ No
If YES, number of cigarettes: , vape sessions: ,per day?		
Do you smoke or vape within 30 minutes of waking?	☐ Yes	☐ No
Do you have a history of nicotine withdrawl symptoms or cravings?	☐ Yes	☐ No

Note: If client has answered **YES to one or more** of the above, then the client is considered **nicotine dependent.**

Step 3: Advise

Advise clients that quitting tobacco smoking and/or nicotine vaping products is the best thing for their health and the baby's health. Inform the client that this service provides access to a smoking cessation support program that includes support and information and the provision of free nicotine replacement products. Queensland Health's Quitline service delivers the program via telephone.

The program includes:

- A free takeaway pack of a 4-week supply of nicotine replacement products and
- Quitline program to provide quit smoking support and up to 12 more weeks of nicotine replacement products.

Are you interested in participating in this program and consent to Quitline contacting you? ☐ Yes ☐ No

Advise the client that the call from Quitline will appear as a private number. A confirmation text will be sent from Quitline prior to the first call.

If the client does not wish to participate, do not continue to Step 4.

Step 4: Nicotine Replacement Therapy (NRT) (must be completed if the client consents to Quitline contact)

Has the client previously used NRT to help stop smoking or vaping?	☐ Yes	☐ No

If yes, ask what products were used (select all that apply):

Patches ☐ Gum ☐ Lozenges ☐ Mouth Spray ☐ Inhalator ☐

Do you give consent for the Antenatal Clinic to provide you with NRT products?	☐ Yes	☐ No

Step 5: Provide the client with a 4-week supply of NRT

The client can receive a free 4-week NRT supply (mono or combination therapy). Ask the client if they have a preference (i.e., may have used it before). Trial different NRT products if available. Explain how to use the product and provide them with a copy of the printed information sheet.

Mono NRT Therapy = 4-week supply of any NRT form

Combination NRT Therapy = 4-week supply of oral NRT + 1 pack of patches

4-week supply consists of:
1 x 21mg patch 28 patches
2 x 4mg lozenge 80 pieces
2 x 4mg gum 106 pieces
1 x 1mg Mouth spray 2 dispensers

What NRT was provided to the client?

Patches ☐ Gum ☐ Lozenges ☐ Mouth Mist Duo ☐

Step 6: Client Details

Surname:	Given names:	Sex: ☐ M ☐ F ☐ X, please specify _____
Address:		Postcode:
Phone number:	Email:	Date of birth:
Aboriginal and Torres Strait Islander origin: ☐ Aboriginal ☐ No ☐ Torres Strait Islander ☐ Unknown/ Not stated ☐ Both Aboriginal and Torres Strait Islander		URN: Is a translator required? Yes ☐ No ☐ If yes, please specify a language:
If yes, would the client like to speak to an Aboriginal and/or Torres Strait Islander Quitline counsellor? ☐ Yes ☐ No		
Referring clinic (Facility and HHS):		

Clear Form

Return completed form to Quitline

Email: **13QUIT@health.qld.gov.au** Fax: **(07) 3259 8217**

Email Form