

Managing negative emotions can help pregnant smokers quit

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Credit: University at Buffalo

A new study by scientists in the University at Buffalo's Research Institute on Addictions has shown that pregnant smokers are more likely to quit if they can learn to manage negative emotions that lead to smoking.

Smoking during pregnancy is a matter of serious concern, says Clara Bradizza, PhD, senior research scientist at RIA.

"It's well-documented that smoking cigarettes while pregnant leads to a range of negative health effects on fetuses, including increased risk of low birth weight and preterm delivery, and greater rates of asthma and learning disabilities," she says.

The research involved 70 [pregnant women](#) who wanted to quit smoking and reported smoking in response to stress, anger and anxiety. "These women use smoking as a way to manage their negative feelings," Bradizza says. "Many experience poverty, insecure housing and unemployment, along with the stress of pregnancy, which increases [negative emotions](#). All these factors make it more difficult to quit."

Half of the women took part in a [smoking cessation program](#) consisting of emotion regulation treatment (ERT) combined with standard cognitive-behavioral therapy (CBT), while the others received CBT and a control treatment consisting of health and lifestyle education.

"ERT is an exposure-based therapy where counselors help participants imagine stressful situations that elicit strong urges or cravings to smoke, and then allow them to experience these feelings in session, without smoking. The women were also taught mindfulness skills and effective ways to cope with urges to smoke," Bradizza says.

The women who took part in the ERT program showed significantly higher rates of [smoking cessation](#), with 23 percent remaining smoke-free two months after beginning ERT treatment, compared to none in the control group. They also reported feeling more confident they could remain abstinent from smoking. In addition, the women in the ERT program who did not quit smoking showed improvement, as they smoked less than half the number of cigarettes daily as those in the control group.

Because [smoking](#) cessation medications such as Chantix (varenicline) are not recommended for use in pregnancy, there is a greater reliance on behavioral treatments to help [pregnant smokers](#) quit. Bradizza plans a larger trial of the ERT program to help further develop a new approach that is critically needed to help pregnant women quit.

The study results were published in the journal *Nicotine & Tobacco Research*.

Provided by University at Buffalo

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