



# Tobacco-Free Pregnancy

Two ways to quit for one precious reason



## 1. In-person support

Get free diapers and wipes when you quit with the help of Eastern Idaho Public Health!

Call 208-533-3149 for free, in-person support from Eastern Idaho Public Health to quit smoking, chewing, or vaping and find out how to get free diapers and wipes when you stay quit.

## 2. Over-the-phone support

Earn up to \$65 when you quit with the Idaho QuitLine's Pregnancy Program!

Call 1-800-QUIT-NOW anytime for free unlimited coaching calls with a quit coach during your pregnancy and after. Free nicotine gum, patches, or lozenges can be mailed to you with a signed doctor's form.

**Quitting at any time during pregnancy is one of the best things to do for you and your baby.**

## Do you want to quit smoking?

Are you pregnant or have a child less than 1 year of age?

Would you like to receive free diapers and wipes?

If you answered yes to the questions above, then you may be ready to quit and we have help for you.

### **Step 1:**

Complete the consent waiver form.

### **Step 2:**

Schedule an informational appointment about how to get free diapers and wipes by calling 208-533-3149.

### **Step 3:**

Attend first diaper incentive appointment; schedule a cessation class and/or register for QuitLine/QuitNet.

### **Step 4:**

If you test nicotine free, one package of diapers and a package of wipes will be provided to you. Schedule next nicotine free appointment.

### **Step 5:**

Complete tobacco free support group sessions.

### **Step 6:**

Enjoy your tobacco free life!

## WIC Tobacco Cessation Incentive Program Consent Waiver

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Diaper Size: \_\_\_\_\_

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Status:  Pregnant  Post-Partum

Due Date: \_\_\_\_\_ or Age of Child (less than 1 year): \_\_\_\_\_

Method of nicotine use:  Cigarette  Vape/e-cigarette/Juul  Other: \_\_\_\_\_

Nicotine Replacement Therapy (NRT) used?  No  Yes

Smoking or Vape users living in the home?  No  Yes

If yes, state relation to client: \_\_\_\_\_

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**Authorization for Use/Disclosure of Information:** I voluntarily consent to authorize WIC to disclose my name, phone number, appointment date and time, pregnancy status and/or infant date of birth during the term of this program to the Tobacco Cessation Incentive Program. I have the right to revoke this authorization, in writing, any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIC Staff Name (Printed)