Improving Implementation of Smoking Cessation Guidelines in Pregnancy: developing an intervention to change midwives’ behaviours

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In this presentation:

• Background to this study

• Methods – the Theoretical Domains Framework and Behaviour Change Wheel

• Developing an intervention
Background

- Smoking the most important preventable cause of adverse pregnancy outcomes (prematurity, stillbirth, low birth weight etc\(^1-3\))

- Quitting in pregnancy significantly reduces the risk of these adverse outcomes\(^4\) - **Supporting pregnant women to quit smoking crucial to improving health of women and their babies**

- In 2015 9% of women in NSW smoked in pregnancy, and of these 73% smoked in the second half of pregnancy\(^5\)

- Pregnancy seen as a “teachable moment” for many women\(^6,7\) but women face significant barriers to quitting\(^8\)

- Antenatal smoking cessation strategies effective\(^9\)

- Guidelines\(^10\) for midwives to follow are poorly implemented\(^11,12\)
Aims

• identify and understand midwives’ barriers and enablers to implementing the Guidelines

• use this understanding to develop an intervention to support midwives in implementing the Guidelines
Systematic, evidence-based way of developing interventions:

- Systematic
- Clear rationale for design
- Explicit reporting how intervention was designed
- Uses theory to inform design

SLAGIT (seemed like a good idea at the time)
Method – The Behaviour Change Wheel

A method for developing behaviour change interventions

Design – mixed methods

Semi-structured interviews with managers and midwives

State-wide online survey of midwives

Summary of findings

ENABLERS

• Knowledge of harms
• Some aspects of existing systems act as enabler
• Existing communication skills
• 5As followed whilst undertaking other tasks
• Most view cessation as integral to their role
• Advising women to quit a main thing to produce healthy babies

BARRIERS

• Lack of knowledge: 5As, NRT, strategies to assist or arrange follow-up (not referring to Quitline)
• Lack of skills and confidence
• Concerned it might damage the relationship
• Framing smoking as a social issue not addiction
• Systems issues (e.g. keeping track, training)
• Lack of social influences (e.g. champions)
Mapping findings to intervention functions and Behaviour Change Techniques

With help from:

The Behaviour Change Wheel
The BCTTV1 App
Lou Atkins
Method – The Behaviour Change Wheel

A method for developing behaviour change interventions

Select (which?) → Specify (precisely what?) → Understand (COM-B) → Intervention functions → BCTs → Mode of delivery → Policy categories

Target behaviour

Design intervention

Deliver intervention


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<tr>
<th>Theme (illustrative quote)</th>
<th>COM-B TDF coding</th>
<th>Potential intervention functions</th>
<th>BCTs</th>
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<tbody>
<tr>
<td>Some midwives lacked confidence to deliver the 5As</td>
<td>Reflective Motivation</td>
<td>Persuasion</td>
<td>Persuasion</td>
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<td>“If it's simply you know asking how they’re going, how they’re coping, what kind of</td>
<td>Beliefs about</td>
<td></td>
<td>• 15.3 Focus on past</td>
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<td>strategies do they think they could put in place; those type of things, reasonably. But</td>
<td>capabilities</td>
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<td>success / 15.1</td>
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<td>I would say this is not my strong suit.” (MW010)</td>
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<td>Verbal persuasion</td>
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**BCTs**

- **Persuasion**
  - 15.3 Focus on past success / 15.1 Verbal persuasion about capability
  - 9.1 Credible source
- **Incentivisation**
  - 10.4 Social reward - praise for practising behaviour
- **Enablement**
  - 3.1 Social support
The Workshop

Whole day

Face to face

Broad cross-section of participants

APEASE criteria
APEASE

Affordable
Practicable
Likely
Effective
Acceptable
No side-effects/unwanted consequences
Equitable
Prototype intervention

BCW Intervention functions:
• Persuasion
• Education
• Training
• Incentivisation
• Enablement
• Environmental restructuring

Currently developing resources and planning feasibility and acceptability trial later this year
‘Take-home’ messages

For academics/researchers:
The barriers to implementing guidelines on smoking cessation in pregnancy are complex and require a systematically designed, and theory-informed intervention aimed at changing midwives’ behaviours.

For industry/practice:
Supporting women to quit smoking in pregnancy is crucial. As the barriers to implementing guidelines on smoking cessation in pregnancy are complex they require a systematically designed multifaceted intervention to change midwives’ behaviours.
Participants, the research team, advisory committee (service managers, clinicians and policy makers).

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