Journal of Neonatal Nursing (2006) **12**, 209–215

ELSEVIER

Jnn

www.intl.elsevierhealth.com/journals/jneo

Smoking cessation intervention with pregnant women and new parents: A survey of health visitors, midwives and practice nurses

Leona Bull [a,*], **Emma Whitehead** [b]

[a] *Division of Public Health, Oxford University, Oxford, OX3 7LF, UK*
[b] *EEMSPCT, Cedar Court, Leatherhead, KT22 9RX, UK*

Available online 17 October 2006

KEYWORDS
Smoking;
Pregnancy;
Parent;
Health visitor;
Nurse;
Midwife;
Cessation

Abstract A survey was undertaken to examine the attitudes, knowledge and practice of health visitors, midwives and practice nurses in relation to smoking cessation intervention with pregnant women and new parents. In total, 65 questionnaires were completed (52.42% return rate). Health visitors, midwives and practice nurses were aware of the reasons why pregnant women smoke as well as the health risks associated with smoking. All claimed to intervene by asking if their patients smoked. Most respondents claimed to record smoking status on health records and to give cessation advice to their patients. However, fewer of the health professionals provided advice to partners of women in their care and only a minority had read the NICE clinical guidelines on nicotine replacement therapies. There were limitations to the health professionals' attitudes, knowledge and practice that could affect the quality of smoking cessation service offered to patients. Further training in evidence-based practice is required.

Introduction

In 1998, the British Government White Paper 'Smoking Kills' set national targets for smoking cessation amongst pregnant smokers to reduce the numbers of women who smoke from 23% in 1995 to 15% by 2010 (Department of Health, 1998). At present, there are over 120,000 deaths per annum attributed to smoking-related causes in the United Kingdom (Gould et al., 2000) and smoking during pregnancy is the single most preventable cause of premature death and poor birth outcomes (Price et al., 2006). Globally, research studies have suggested that smoking in pregnancy is associated with personal stress, socio-economic deprivation and addiction to tobacco (Batten et al., 1999). While UK rates of smoking during pregnancy are higher than the rest of Europe, Canada and the

* Correspondence author. DPHPC, University of Oxford, Oxford OX3 7LF, UK. Tel.: +44 01865226756.
E-mail address: leona.bull@dphpc.ox.ac.uk (L. Bull).

1355-1841/$ - see front matter © 2006 Neonatal Nurses Association. Published by Elsevier Ltd. All rights reserved.
doi:10.1016/j.jnn.2006.09.005

United States, no specific factors have been identified that explain the elevated British rate (Silagy et al., 2001). It is estimated that 26% of women from unskilled socio-economic backgrounds are smoking in pregnancy compared to 4% of women from professional backgrounds, according to the 2001 Social Census (Office of National Statistics, 2002). Only 33% of female smokers quit in pregnancy (Health Education Authority, 1999) and rates of post-partum relapse into smoking are as high as 70% amongst women who do quit for the duration of the pregnancy (Valanis et al., 2001). It is also clear that smoking in pregnancy has wider implications since children from lower socio-economic households are more likely to be exposed to passive smoking (54%) compared to children from professional households (18%) (Health Education Authority, 1999).

An over-reliance on the nicotine-addiction model of smoking behaviour has led to a limited understanding of the social, psychological and environmental context of smoking in pregnancy and parenthood. Qualitative interviews with 200 women who were receiving antenatal care in Leicester, UK, were undertaken in one study (Haslam et al., 1997). Pregnant smokers identified a number of barriers to smoking cessation including the presence of a partner who smoked, and two-thirds of the smokers felt that the risks of smoking were not 'personally relevant' to them as they had experience of smoking in pregnancy before or felt it was too late to quit. A further study of 40 pregnant smokers reported four barriers to smoking cessation that were other smokers in the home, lack of will-power, the physical/psychological addiction to cigarettes and irritability associated with smoking cessation (Haslam and Draper, 2001). Most of the women knew of multiple risks associated with smoking in pregnancy but half were not worried about the risks to themselves or their children and mentioned previous uncomplicated pregnancies experienced by themselves, relatives and friends (Haslam and Draper, 2001).

Midwives, practice nurses and health visitors have been identified as professionals who have an important role in promoting smoking cessation during pregnancy and parenthood since they have direct contact with patients and their partners as part of routine antenatal and postnatal health care provision. The Health Education Authority guidelines state that ''Pregnant smokers should receive clear, accurate and specific information on the risks of smoking to the foetus and themselves and be advised to stop smoking'' (West et al., 2000). A number of studies from the USA (Price et al., 2006) and Europe (Thyrian et al., 2006) have shown that antenatal staff have a fairly positive attitude towards smoking cessation work. Moreover, when midwives are engaged in structured counselling programmes with pregnant smokers there would appear to be a reduction in the rate of smoking amongst their patients (McLeod et al., 2004). Certainly, pregnant smokers think that midwives have an important role in promoting smoking cessation as part of their professional responsibilities (Lendahls et al., 2002). However, there are few studies of professional attitudes towards smoking cessation work with pregnant women and new parents within the United Kingdom. This is unfortunate because UK-based midwives, practice nurses and health visitors may experience particular attitudes or beliefs about smoking cessation work as a result of working within the NHS organisational structure, or through working within particular communities. A recent UK-based survey of maternity staff working within a London hospital revealed that midwives feel it is their duty to help pregnant women to stop smoking but over two-thirds of respondents had not given smoking advice to their patients within the past week. Maternity staff were providing smoking cessation advice to fewer than four women per week and most of them did not set quit dates with their patients (Condliffe et al., 2005). This suggests that there is a professional divide between what should happen 'in principle' and what is happening 'in practice' within NHS antenatal and postnatal services.

Method

The study took place within the East Elmbridge and Mid Surrey Primary Care Trust (EEMSPCT) area that serves a local patient population of 280,000. The postal questionnaire was distributed to community health visitors, community midwives and GP practice nurses by an EEMSPCT health promotion officer using a centrally maintained staff list. The overall response rate was 52.42%, with 65 completed questionnaires received. Ethical consent for the study was obtained from a University ethics committee and questionnaires were anonymous so that individual members of staff could not be identified by the research team. The 26 item semi-structured questionnaire had been developed on the basis of a literature review of prior research evidence. The questionnaire was also developed in consultation with EEMSPCT health promotion staff to ensure that it was relevant to their service planning needs. The questionnaire was divided into sub-sections of (i) professional background information, (ii) attitudes towards smoking in pregnancy and parenthood,