

Author's Accepted Manuscript

Improving implementation of the smoking cessation guidelines with pregnant women: what might help clinicians?

Jo M Longman, Catherine M Adams, Jennifer J Johnston, Megan E Passey



PII: S0266-6138(17)30410-2
DOI: <https://doi.org/10.1016/j.midw.2017.12.016>
Reference: YMIDW2156

To appear in: *Midwifery*

Received date: 25 May 2017
Revised date: 12 December 2017
Accepted date: 21 December 2017

Cite this article as: Jo M Longman, Catherine M Adams, Jennifer J Johnston and Megan E Passey, Improving implementation of the smoking cessation guidelines with pregnant women: what might help clinicians?, *Midwifery*, <https://doi.org/10.1016/j.midw.2017.12.016>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting galley proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Improving implementation of the smoking cessation guidelines with pregnant women: what might help clinicians?

Jo M Longman, BSc (hons), MPH, PhD (Research Fellow)^{a*}, Catherine M Adams, RN, RM, MMid (Clinical Midwifery Consultant)^b, Jennifer J Johnston, BBSc, BSc (hons), PhD (Research Fellow)¹, Megan E Passey, BMed, MPH, PhD (Deputy Director – Research)¹

^a University of Sydney School of Public Health (University Centre for Rural Health – North Coast) Lismore, NSW, 2480, Australia

^b Northern NSW Local Health District, Lismore

* Corresponding author: Jo.longman@ucr.edu.au

Abstract

Objective

This study aimed to explore the enablers and barriers to implementation of the Australian smoking cessation in pregnancy guidelines. These guidelines direct clinicians to follow the 5As of cessation: Ask, Advise, Assess, Assist and Arrange follow-up.

Design

Semi-structured interviews based on the Theoretical Domains Framework (TDF) elicited clinicians' views and experiences of implementing the guidelines.

Setting

Antenatal care in the NSW public health system.

Participants

27 maternity service managers, obstetricians and midwives.

Findings

Participants confirmed that implementation of the smoking cessation guidelines was sub-optimal. This was particularly the case with Assist and Arrange follow up at the initial visit, and with following any of the 5As at subsequent visits. Key barriers included systems which did not support implementation or monitoring, lack of knowledge, skills and training, perceived time restrictions, "difficult conversations" and perceiving smoking as a social activity. Enablers included clinicians' knowledge of the harms of smoking in pregnancy, clinicians' skills in communicating with pregnant women, positive emotions, professional role and identity, the potential of training and of champions to influence practice, and systems that regulated behaviour.

Key conclusions

These findings will contribute to the development of a multi-faceted intervention to support clinicians in implementing the guidelines.

Implications for practice

Building on existing strengths, antenatal care providers may be supported in implementing the guidelines by working with systems which remind and support implementation, the clear reframing of smoking as an addiction, knowledge and skills development and by realizing the potential of leadership to maximize the impact of reinforcement and social influence.

Keywords

Australia; health promotion; midwifery; prenatal care; smoking cessation

Download English Version:

<https://daneshyari.com/en/article/7524249>

Download Persian Version:

<https://daneshyari.com/article/7524249>

[Daneshyari.com](https://daneshyari.com)