the care forum

Action plan to reduce smoking in pregnancy

Former stop smoking client consultation report for

BNSSG CCG

2018-19

(Consultation conducted Summer 2018)

Contents

Introduction

The Care Forum was commissioned to deliver an engagement project during 2018 by the BNSSG (Bristol, North Somerset and South Gloucestershire) Clinical Commissioning Group. The brief was to recruit and engage with women who did not stop smoking during pregnancy, in order to discuss why this was, and inform future interventions. We worked in partnership with Healthwatch North Somerset and public health colleagues across BNSSG. We would like to thank them for their support and input to this work.

Women from specific areas of BNSSG were identified as particularly relevant, and so recruitment was focused accordingly (see appendix 1, page 3).

The priority areas for Bristol were: Hartcliffe, Withywood, Knowle West, Southmead and Lawrence Weston.

The priority areas for North Somerset were: Weston-Super-Mare.

Forty-three women took part in this engagement. The cohort of participants is defined as women who smoked at some stage whilst pregnant.

Resources used in the formulation and analysis of this engagement include:

- The Acorn Profile – smoking maternity households (appendix 1)
- The BNSSG Referral Pathway for Smokers who are Pregnant or Trying to Become Pregnant (appendix 2).

The rationale for this work

The brief for this work contained the following rationale.

We are working with maternity services to reduce the number of women who smoke during and after their pregnancy and would like to understand more about the reasons why women continue to smoke, despite the health risks, and how we can offer them better support to quit, or move to e-cigarettes which Public Health England view as safer.

We also need to engage with women from particular communities who have higher smoking prevalence including eastern European and African-Caribbean and dual heritage, younger women.

The brief also identified the following priority topics for discussion:

Discussion topic one: to understand the reasons why women continue to smoke during their pregnancy and when they have young children, and whether there is any advice, information or other influences which might increase their willingness to quit smoking.

Discussion topic two: to review specific points on the smoking cessation pathway and identify how they could be improved.

Reading this report

The overall conclusions to the priority topics have been included at the top of this report (section 1). Question by question analysis follows this section, and is contained within section 2. Within section 2, 'yes/no' question results are contained in a standardised table format for ease of reading. Discursive questions are presented in a tabular format which indicates the frequency of particular themes within the responses given by participants.

The overall findings of the report are presented first, with recommendations based on the feedback gathered aligned to the brief.

Presentation of statistical results

It is important to note that the thematic analyses contain a mixture of results based upon either the number of participants who made a particular statement, or the number of occurrences that a sentiment or statement occurred within the overall body of feedback. Language has been specifically chosen to indicate this as follows:

‘Respondents’ and ‘participants’ indicates the number of individuals who included a particular sentiment or statement in their responses. As such, these results will generally be a proportion of the 43 participants who took part (for example, 30 of 43).

‘Comments’ should not be taken to mean ‘participants’, as each participant frequently made multiple comments particularly when discussing their experiences of using services which may have varied over a period of time. As such, thematic analysis of comments may not be limited to a proportion of 43.

Where responses have been deliberately obtained from a sub-set of the cohort, this is indicated (for example, ‘23 of 30 participants’). However, when a question has been asked of the entire cohort, results are displayed as a proportion of the entire cohort of 43 women (which may include some who declined to respond).

Methodology

Participants were recruited by advertising to women who have recently (within last 2-3 years) been referred for stop smoking support whilst pregnant. Contact lists from Bristol stop smoking support and North Somerset stop smoking support were used, with a data sharing agreement in place. Twenty women from Bristol were recruited. Twenty-three women from North Somerset were recruited. In South Gloucestershire, agreement could not be reached over use of a contact list due to data sharing concerns, and so social media channels were used as an alternative to advertise the opportunity. Unfortunately, no women were recruited using this recruitment method.

Women self-selected to take part in the engagement. All participants were offered a £25 shopping voucher.

Interviews were conducted over the phone and were semi-structured. A script was developed following engagement with the commissioner of the work, and input from public health contacts across BNSSG stop smoking services. Women were given the option of declining questions, with follow-up questioning techniques used to encourage and develop discussion as far as possible. Participants completed all or most of the questions asked.

Bias

Due to the nature of the subject, it is difficult to assess the truthfulness of the statements made by the participants. It was not possible, for example, to ask participants to submit breath test results to corroborate statements relating to the quantity of cigarettes being consumed at any given point. It is clear that participants can be expected to have experienced a degree of self-report/response bias due to the culturally taboo nature of smoking whilst pregnant.

The study relied on recollections during a period that could be particularly stressful for some participants. It is likely that some participants were not able to accurately recall full details (this is particularly obvious when responses to certain questions are reviewed, with a relatively large number of uncertain responses in evidence – for example, ‘Were you asked how you were doing with reducing harm from use of tobacco at later appointments in your pregnancy?’).

Sampling / recruitment biases were a risk, for example, where potential participants are working during office hours and so were unable to take part.

Minimising bias

In order to attempt to minimise these potential sources of bias, the following steps were taken:

- Questions were created using wording which was non-judgemental and as neutral as possible. This included being as direct and matter of fact as possible and avoiding overly clinical or complex language which could reduce the comfort of participants.
- The study was designed to be anonymous, and it was made clear from the outset which personal details would be asked for (e.g. first part of post code), and that that names would not be requested.
- It was made clear from the outset that the study was carried out by a third party unconnected to the services in question.
- The phone calls were carried out by female charity employees who have been trained in/have experience of empathetic call handling, advocacy and signposting.
- In order to reduce any biases created during recruitment, contacts were made on several occasions at various times of day and evening, and on various days of the week.
- Funding was set aside to ensure any accessibility needs would be met – for example, for translation needs.
- The opportunity for a face-to-face interaction was available in case any potential participants were uncomfortable speaking on the phone. However, this was not required.
- It was made clear that callbacks were available for all participants, to avoid any anxiety regarding phone call charges.
- Interviews were offered at times to suit the participant, in order to ensure they were not excluded due to childcare or other demands.

Limitations

Conclusions from the engagement have been reached based upon statements made by the participants (self-reporting), with no opportunity to validate claims made.

Although efforts were made to reduce bias during recruitment, several potential participants were not able to take part as we were unable to identify a time and date on which they were able to be interviewed.

Failure to recruit in South Gloucestershire reduces the value of the study in terms of applicability to BNSSG, and reduces the applicability of the findings for South Gloucestershire.

Representation of BAME women in the cohort (9.3%) was broadly as expected based on BNSSG population data (10%). However, due to the nature of the engagement and the priorities identified in the brief, it would have been preferable for the cohort to contain a higher number of BAME women.

Section 1: Overall Findings and/or Conclusions

Priority topic 1: why do women smoke during pregnancy?

Full text of priority topic 1*: Why do women continue to smoke during their pregnancy and when they have young children, and whether there is any advice, information or other influences which might increase their willingness to quit smoking?*

Summary of findings – priority topic 1

The women who participated in this engagement smoked during pregnancy because they were not sufficiently persuaded that it is in their interests to break the habits around smoking and overcome the addiction. As such, many women instead chose to reduce the quantity of cigarettes smoked, usually for a short term duration, following an intervention by a midwife and (for some) following support from a stop smoking service.

There is some evidence that steps taken to improve support during the post-pregnancy phase, during which the large majority of the women who took part in this engagement returned to previous levels of smoking, could result in more women maintaining a smoke free lifestyle when they have young children. Stop smoking support for women after birth was reportedly poor, with little evidence of effective coordination between health visitors and others who had previously been involved in stop smoking support. Many women made reference to going 'back to reality' after birth - returning to settings, situations and emotional states which contributed to a return to previous smoking habits – see question 36 for more on this. This suggests that more coordinated support through into post-birth may have helped women avoid a regression to previous smoking habits.

There is some evidence that better engagement with the support structures around women may increase their ability to stop smoking over a longer period. Many women wished their partners or family members had been more directly involved in support to stop smoking, or had been referred for support themselves.

There is some evidence that interventions which are more tailored to the individual needs of the participant may help to improve cessation rates over a longer period. Some women discussed an (unfulfilled) desire for vaping to be prescribed to them, for example. One woman described how a tailored support package which involved home visits almost certainly made the difference in her decision to stop smoking.

1.1 'Cutting down' or stopping during pregnancy

The evidence gathered in this study shows that a large number of the women who took part adopted an approach during their pregnancy which can be essentially categorised as harm reduction. A significant proportion were prepared to cut down when given information about the health implications for them and their baby, but very few managed to stop.

There is a clear link between this trend and the interventions of midwives and other stop smoking services in particular. These interventions resulted in a significant amount of women deciding to cut down or stop (40 of 43), but this was not universally maintained for the remaining pregnancy (30 of 43 cut down or stopped), and tailed off dramatically after the pregnancy finished (7 of 37 cut down or stopped). See appendix 3. Many comments shared in this engagement particularly referenced

memorable conversations with the midwife relating to stopping smoking suggesting that this relationship is a particularly valuable resource.

For the large majority, progress on reducing or stopping smoking was temporary and was not maintained following the end of their pregnancy. There were only six women who reported that they have continued to stop smoking after their pregnancy was over, and one woman who reported that she had maintained her cutting down. This is supported by statements made by many participants which reference a mentality of harm reduction for the health of the baby by putting in extra effort for a fixed period during pregnancy.

I felt I should give up, but I didn't really want to, I felt I had to because I was pregnant

It is apparent from this finding that women who participated in this engagement increased their smoking to previous levels following their pregnancy because they perceive the risk to the health of their baby to have reduced. Effort should therefore be made to focus messages and support towards the end of the pregnancy which helps to prepare strategies appropriate for a return to 'real life' after the pregnancy is over.

Eleven of 43 women reported that they stopped smoking as a result of the stop smoking support they received (see question 25). However, when the overall answers of these women are reviewed it is clear that for many this was a temporary success, as only four of these eleven women reported that they had managed to stop smoking by the time their pregnancy had ended.

1.2 Why did six women manage to stop smoking – and maintain this after birth?

Within the cohort, a sub-group of six women managed to stop smoking after they engaged with support services (a combination of midwife and stop smoking services) and managed to maintain this after their pregnancy finished. The data for these six women has been examined to see whether any themes exist which may be of value to understanding how to support more women to stop in future.

Overall, the results suggest that this sub-group were already primed and in a position to engage effectively with stop smoking support.

- The six who successfully stopped through to post-pregnancy were all able to describe when asked how they could use alternatives to get same the benefits as they perceived they get from smoking.
- All reported that their midwife discussed smoking at first appointment. Five of the six reported that the conversation changed their approach to smoking. None reported that they quit at this stage, but all reported cutting down after speaking to the midwife.
- One of the six cut down because of midwife support and then stopped - but without stop smoking services as a contributing factor.
- One of the six stopped by the end of the pregnancy, for reasons that are not clear (though it is implied that she did it by herself using willpower). This participant expressed frustration that she did not receive support or contact from stop smoking services, and appears to have fallen through a gap in referral.

Four of the six reported that they stopped because of the support services they received. All four reported receiving a phone call with stop smoking services, followed by one or more of the following:

- Group support and mentoring, health centre
- Pharmacy in Morrisons, NRT (nasal spray)
- Visit from advisor to their home
- NRT prescription (patches) then vape (self-prescribed)

Other related information:

- Two of the six women had breath test scores under four
- One had already started to cut down, and her responses suggest that she intended to stop anyway
- One stated that she had decided early on to switch to a vape and the transition worked well
- One stated that she had experienced problems in a previous pregnancy due to smoking, and so was keen to stop smoking as a result
- One discussed the importance of an advisor coming to their home, which is reported as the main contributor to quitting. They stated *If someone had not come to my house the first time, for the information session I would not have given up. I don't drive*

The results suggest that a combination of an existing desire to address their smoking and a 'push' from the midwife and/or other services created the right circumstances for a longer-term change for these six participants.

Demographics:

The average age of this sub-group was higher than the overall cohort. Four of this sub-group were older than the average age of the overall cohort (27.8).

Priority topic 2 improving the smoking cessation pathway

2.1 The role of the midwife and referral to stop smoking support

The intervention of the midwife for the majority of participants was proportionate, valued and informative. Participants appear to understand the risks of smoking clearly both as a result of this intervention and as a result of health messages available in everyday life, and from family and friends. The findings of this engagement suggest that many women cut down following this interaction with the midwife, with a good proportion citing information shared by the midwife as a major factor. It was noticeable that support from the midwife appeared to be reliably given to all women, and appears to be operating effectively within the 'BNSSG referral pathway'.

Of those studied, 33 of 43 were referred to stop smoking services; 32 of 43 were contacted by stop smoking services; 13 of 43 set a stop smoking date; however, only 4 of 43 managed to both set and then stick to a stop smoking date. It is therefore clear that low cessation rates in women from the priority areas is not due to low referral rates into stop smoking services. It is noticeable upon reviewing the comments shared by the cohort of women that overall enthusiasm for the concept of setting stop smoking dates appears to be low, when compared to other aspects of support such as the opportunity for interpersonal interactions or finding out more information in order to make an informed choice.

2.2 Feedback on stop smoking services

Feedback received regarding the quality of stop smoking support was mixed. Many of the women interviewed could recall positive experiences or elements to the stop smoking service which they clearly valued highly. Many of the women were also able to list less positive experiences, and aspects of the service which they felt did not work for them.

Positive feedback

16 of 43 participants made generally positive comments about the stop smoking services they received. The strongest theme in these comments related to interpersonal factors (10) such as:

Yes - it was someone to talk to, it was available when I needed it

And;

I wasn't offered support and advice before. It's a really good thing

And;

We had a chat, looked at my CO level, boyfriend did the CO reading too.

Negative feedback

17 of 43 participants made generally negative comments about the services received.

The strongest theme related to discussion of the service not meeting the specific needs of the participant or being bespoke enough (7), for example:

Needed more time to get used to the idea of stopping

And;

I had another child 5 years ago and the service was much more useful, I went every Friday then and I cut down loads, I wasn't offered that with more recent pregnancy

And;

First pregnancy I went to a group in 2011, at my most recent I wasn't offered this- I wish I had.

2.3 Post-pregnancy support

The feedback from the women in this engagement suggests that opportunities were missed which could have improved their overall smoking outcomes. There appears to be a problematic dislocation between the support in place during versus the support in place after pregnancy. Statements made by this cohort relating to support after their pregnancy ended include:

- relatively large numbers of women not being asked about smoking at all
- relatively low numbers of referrals offered to those still smoking
- (in some cases) an approach which appears to emphasise harm reduction with no clear rationale as to why a focus on stopping smoking as the main priority is no longer in place at this point.

Appendix 2 does not appear to outline how the referral pathway extends beyond the end of pregnancy, and it may be worth considering whether coordination between services – and providers – is sufficiently well defined.

2.4 Support for partners and family members

The large majority of women reported that their family members or partners were not particularly well engaged in their support, even though 33 of 43 women could recall being asked if a family member or partner smoked (see question 10). The lack of engagement with those close to the women was especially evident after their pregnancy had ended (see question 39). It is also not entirely clear from appendix 2 what further actions are expected following the capture of information relating to partners or family members who smoke, or who takes responsibility for coordinating this.

Recommendations

The following recommendations have been compiled from the feedback of this specific cohort of women.

Improving coordination

The way in which health visitors and other post-pregnancy support is able to build on the stop smoking support which has been delivered during pregnancy should be reviewed to ensure that opportunities and momentum are not being lost. This could include reviewing how information/records can be shared more effectively across organisations, and could also include reviewing whether shared protocols to maintain consistency of messages are needed. Longer-term support should be designed to maintain behaviour changes that result from the intervention of the midwife in early pregnancy, and could make specific reference to this interaction to emotionally re-engage women. Improving coordination will help to maintain a consistent offer of support on a longer-term basis for women who were not ready to stop smoking during pregnancy.

The role of health visitor, post-birth

The results found within question 38 of this report raise some potentially concerning questions relating to the role of the health visitor and whether health messages set up during pregnancy are being reinforced post-birth. Health visitors should be given clearer guidelines particularly around attempts to discuss smoking with women after their pregnancy has ended, and whether a further referral to stop smoking services is offered.

Maximising the influence of peers

Attention should be given to examining how a wider network of support can be identified to support women both during and after pregnancy, to ensure all supportive family members and/or peers are maximising their supportive influence. This appears to be particularly relevant post-pregnancy, where mental health issues, isolation and a return to ‘smoking scenarios’ can all contribute to relapses in smoking habits. This approach could also include signposting to social prescribing or community-based support by the health visitor or midwife. Opportunities to enlist the support of partners and close family members should be written into guidance for professionals to ensure consistency.

Section 2: question by question analysis

Questions 1 and 2: Understanding motivations

Q1. What benefits would you say you get or did get from smoking?

Stress relief / Relaxes me	12	*stress release, my little bit of time* and; *stress relief, 5 minutes to myself*
Time to myself / Break from work / kids	9	*getting a break from being a mum, 5 minutes to relax, sociable thing, stress relief* and; *I got time for myself when I had a cigarette, it was what I did in my breaks from work. It felt amazing sitting down with a coffee and a cigarette. It was the first thing I did in the mornings, sitting in the garden, my peace time, a moment for me*
Social benefits	5	*social element, break from things* and; *Main benefit is when I'm socialising smoking is enjoyable. Otherwise no benefits - it is just a habit I've been doing for 15 years and it's become a routine*
Time outside	3	*A break at work - time outside*
Boredom, filling time	2	*procrastination* and;

		…when I'm bored, once the kids have gone to bed

Q2. Can you think of alternative ways of getting these benefits that would work for you?

The most popular single answer for this question was 'don't know / don't think there are options / not interested' (22 of 43 participants).

Where a response was obtained, many answers referenced the concept of filling the gap left by stopping smoking with other activities, such as walking or reading a book. It is striking that twenty-two of those who responded were unable to identify any alternatives at all. Many said they did not know what else could help and struggled to visualise what life without cigarettes would be like. It may be worth considering whether signposting to wider community support could help some of this cohort to identify other activities which could replace smoking.

It is noticeable that the sub-group of six women who managed to stop smoking during their pregnancy and continued to stop smoking after their pregnancy finished were all able to articulate alternatives relatively well.

The concept of vaping featured in 10 of the 43 participant responses. This reinforces a theme in this engagement around good levels of awareness about e-cigarettes across the cohort, although five responses also referenced difficulties with using e-cigarettes.

Don't know / don't think there are options / not interested	22
Assorted other pastimes, activities or behaviours	12
Overall references to vaping which demonstrate awareness / consideration	10
Go outside/ go for a walk	6
References to NRT (not vaping or e-cigarettes)	5
References to not getting on with or struggling with vaping	5
References to vaping that suggest positive opinion/experiences	3

Questions 3 to 10: First interaction with midwife

Q3. Did your midwife discuss smoking with you at your first midwife appointment?

The large majority (41 of 43) of participants reported that their midwife discussed smoking with them at the first appointment.

Q4. If yes, how did you find that experience?

The overall trend in how participants found the experience was positive. When comments were analysed, 21 statements were identified which were generally positive, vs. 9 which were generally negative. For both positive and negative comments, perceived friendliness of the interaction, helpfulness and time spent with the client were cited frequently as factors behind how the experience was perceived. For example:

"They were persuasive in a nice way, they gave me leaflets to read"

And;

"Quite patronising. Had a judgemental way of talking about it, said 'did I not realise what I'm doing to the child?"

Other more neutral and/or discursive comments made reference to, for example, receiving leaflets and recollections of being given 'the facts'.

Q5. Did your midwife help you understand more about the dangers of smoking during pregnancy?

Yes: 29 of 43
No: 12 of 43
Other responses: 3

Q6. Did this change how you felt about smoking?

Yes: 29 of 43
No: 14 of 43
Don't recall: 1

Q7. Did this change your approach to smoking at all?

Yes: 32 of 43
No: 10 of 43
Yes and no: 1 of 43

It is worth noting that when the combined answers to questions 5, 6 and 7 are reviewed, it is clear that only 3 of the 43 women felt that the level of service offered by the midwife was sub-optimal. The majority of those who answered 'no' to questions 5, 6 and 7 did so because they felt that they already knew about the dangers, or because they had already decided to cut down, rather than because the midwife did not do their job effectively.

Q8. In what ways did this change your approach?

The majority of responses to this question (21) included a claim that the participant reduced their daily usage of cigarettes. Of these, two claimed to have stopped completely. However, these participants also later specified that they started again after they gave birth.

A number of comments (7) discussed changes to patterns of thinking, such as having guilty thoughts or changing perspectives on smoking and the harm caused. Of these, three reported that they stopped smoking during pregnancy but none of them managed to continue to stop smoking after they gave birth.

Cut down	21
Started use of E-cig or vaping	5
Tried but failed to stop smoking	5
Stopped permanently or long-term	4
Had guilty or upset thoughts	4
Reference to harm to baby	3
Reference to changes in perspectives	3
Went to get help / referred for help	2
No change, already knew the facts	2
Stopped temporarily	1
Hid my smoking from midwife	1

Q9. Did you stop smoking or cut down on smoking as a result talking with your midwife?

Cut down	27
Stopped	6
Cut down then stopped	4

Continued to smoke at same rate (or more)	3
Cut down, but not because of midwife	2
Cut down for 3 months	1

Q10. During your pregnancy were you asked if there are any smokers in your household?

Yes: 33 of 43
No: 7 of 43
Don't recall: 3 of 43

Questions 11 to 19: Referral process to stop smoking services

Q11. Were you offered a carbon monoxide (CO2) breath test by your midwife?

Yes: 42 of 43
No: 0 of 43
Don't recall: 1

Q12. If you took the test and your score was over 4, were you referred to stop smoking services?

Yes: 33 of 36
No: 3 of 36

Two participants (both from North Somerset) highlighted that they had been referred by their midwife against their wishes. Three participants stated that they had either not received the expected phone call, or it had been received after a significant delay.

Q13. If you decided not to have the test, what were your reasons for that?

No women decided to decline the test.

Q14. Were you asked how you were doing with reducing harm from use of tobacco at later appointments in your pregnancy?

Yes: 27 of 43
No: 7 of 43
Don’t recall: 9 of 43

Q15. Were you offered a second referral to stop smoking services if you declined the first?

Yes: 13 of 43
No: 15 of 43
Don’t recall: 9 of 43
Not needed: 2 of 43 (had quit, had taken up first referral)
Yes but not ready to take it due to family circumstances: 1

Q16. Were you contacted by stop smoking services?

Yes: 30 of 36
No: 6 of 36

It is noticeable that 6 women stated that they were not contacted by stop smoking services. However the responses in other questions clarify that only 2 of these women felt that this was due to a failure on the part of the service (other reasons given for lack of contact included the participant not wanting to take up the offer and the participant contacting a service first and agreeing support).

Q17. (If yes then) How did you find the conversation you had with stop smoking services?

Generic positive statements	10	*relaxed, comfortable, fine really;* *Not pushy very practical*
I didn’t want it / use the opportunity / manage to engage	7	*it was really brief. I couldn’t get time off work to get to appointments;* *It was fine, they were lovely, but I didn't stop;*

		they tried to convince me to have support, they were not rude but gave the vibe that they were not happy with me not taking it
Contact received leading to referral to or booking appointment for support	6	*they arranged for a lady to visit me;* *I got a call very quickly, set up an appointment at the local chemist;*
Delays or referral not followed-up	4	*phone- they didn't phone me for ages, I mentioned it to my midwife again and they eventually called;* *nobody ever contacted me- I was meant to be referred*
Information given (only)	4	*good - they gave me their phone number in case I needed help at a later date;* *I was sent some leaflets*
Didn't need as I had already stopped	3	*I had a text- I felt I didn't need the service then because I had already stopped on my own*
Experience was not positive	2	*Awkward and not useful. The midwife had been more helpful than stop smoking advisor. They didn't explain the risks to the baby. It was if I wasn't pregnant. Just asked how many I smoked and concentrated on me*
Don't recall	2	

Q18. Was an appointment made for you to see a stop smoking adviser?

Yes: 21 of 43
No: 19 of 43
Not convenient: 1 of 43
Used GP instead: 1 of 43
N/A: 1 of 43

Q19. If no- do you know why this wasn't made?

I didn't want one	7
I had already stopped	4
I don't know why	3

Given leaflets but not referred	1
Participant refused referral	1

Questions 20 to 23: Quality of stop smoking services initial support

Q20. If yes (to Q18) how did you find the session?

Twenty-four women responded to this question. Feedback on the session was split between those who were very positive (15) and those who did not display enthusiasm or buy-in to the support (8). One woman was noncommittal.

Nine participants discussed specific interventions in detail. It was noticeable that the energy and level of feeling was much higher in these comments than other responses to this question. Clearly for these nine women, they felt energised by the intervention they had received. One of the nine outlined how the service she received was 'cut' during her support and was very unhappy with the resultant reduction in support.

Six comments made reference to a pleasant experience, using language which displayed a degree of enthusiasm with the support that had been obtained. These comments especially focused on interpersonal factors such as supportiveness, good-humour and non-judgement.

The eight women who did not display enthusiasm in their responses made statements which appear to indicate that they do not view the intervention as useful or positive. Language which features in other responses, especially that which links to positive emotional responses or behaviours is missing.

Good intervention (specific)	8	*she came to my house, it was really nice, I thought there would be a lot of pressure but it was really relaxed and that made me less anxious*; *Woman was very helpful, supportive, not judgemental. The group had people in the same boat as me so it was really encouraging.*
General positive feedback	6	*appointment at chemist- she really lovely, no judgemental* ; *she was very good humored, it was a bit awkward also, she was open mind*
Non-committal feedback	4	*bland, very quick and easy, took my CO levels;* *Didn't go in the end . I cancelled it. But someone (advisor?) did come to my house for one face to face session about the risks I was taking*

Comments relating to NRT	3	*offered me a vape store voucher, offered patches*; *I only went once, they gave me some patches*
Not tailored to my needs	1	
I didn't need help	1	

Q21. If you did attend, was a stop smoking date agreed?

Yes: 11 of 19
No: 4 of 19
Don't recall: 2 of 19
I had already quit: 1 of 19
No, due to timescale which I felt to be unreasonable: 1 of 19

Q22. Did you manage to stick to the stop smoking date?

Yes: 2 of 11
No: 8 of 11
Yes, but only temporarily: 1 of 11

Q23. Did you find the service useful or not? Tell me a bit more about your experience?

The most common theme within responses to this question related to tailoring of the service to meet the specific needs of the participant. Fifteen comments made reference to tailoring, with six statements that tailored support was positive and ten statements reflecting on the fact that a lack of tailoring in the support offered was negative (one comment discussed both positive and negative tailoring).

An overall sense that can be gathered from the tone and content of the responses is that of a cohort of women which is not particularly enthusiastic about the support being offered as it relates to the concept of stopping smoking. This links to one of the overall findings of this engagement, which discusses the fact that many of the women who took part were not ready or prepared enough to engage with a service designed to support them to do things like set stop smoking target dates.

Seven comments described the service as useful, and another seven described it as not useful.

Seven comments particularly referenced NRT, with 3 positive comments, and 5 negative comments. References to NRT often discussed whether the individual found them useful, and whether they were able to access products.

Tailoring	15	*I found it really useful when she came to my house but not once this was cancelled. I had to go to work and I could get to the appointments easily- it wasn't accessible*; *First pregnancy i went to a group in 2011, at my most recent I wasn't offered this- i wish I had*; *The sessions at home were useful, we had a chat, looked at my CO level, boyfriend did the CO reading too as he smoked*; *no. I had very limited time, lots going on. Maybe they should have been pushier. Also maybe if they had spoken to me earlier - or had someone from Smokefree service there at the first appointment with midwife, it would have helped*; *wanted more information about the risks to the baby. needed more time to get used to the idea of stopping. Tried the products but patches and gum didn't work for me.*
Focus on NRT	7	*It was useful as the 'alternatives' to tobacco were there to try. There was an incentive that if I stayed stopped for a certain amount of time I'd get vouchers. I felt I should give up, but I didn't really want to, I felt I had to because I was pregnant*; *yes useful as an opportunity, but not helpful in that the products didn't help me, i tried everything they had. I wanted to try Champix, as this would have been most useful to me, but said not given in pregnancy. I was going to try a vape but she told me they still don't recommend them*
Useful	7	*very useful, I would recommend it- I recommended it to a friend who also stopped as a result*
Not useful, generic	7	*I didn't really look at the leaflets it didn't really help me*
Not bad conceptually, but not for me	3	*if I wasn't pregnant I might have found it helpful but I was just so stressed at that time it was just too hard*
I wasn't contacted	2	*they didn't ever contact me- i was disappointed they didn't I don't know why. I cut down on my own in the end*
Other circumstances interfered	1	
Generic 'nice' statement	1	

Questions 24 to 26: Participants experiences using other support services

Q24. Can you tell me about where you went for support? How often?

Q25. Did you manage to quit as a result of this service?

Q26. What was helpful / less helpful about this service?

Location	Regularity	What was helpful or less helpful about the service?	Did you manage to quit as a result of this service?
local chemist	3	Positive experience with midwife relating to challenging personal situation (full response redacted)	No
Pharmacy	3	Having different options was helpful, supportive adviser, reassuring	Reduced
GP	3	You have to want to quit to go there. There were a lot of options for different products the support was good, knowing that I am going every week was encouraging	Yes
my home	12	Visits to my home, gave me motivation and confidence. I think they should bring this service back- I relapsed once this was cancelled.	Reduced
Pharmacy in Morrisons	12	Cost of products	Yes
the gate house centre	2	It wasn't for me- if I was going to stop I would do it on my own, you have to want to	No
Knowle health centre	10	It was great- the group was great its focused on quitting no following on service for quitting vaping	Yes
Lloyds pharmacy in Shirehampton	1	I only had one session, I was left with no support.	Reduced

own home	6	The lozenges they prescribed, a lot of the pharmacy's stopped stocking them which was frustrating	Yes
GP	7	It was weekly and it was flexible. I took the breath test and it said I hadn't smoked much but knew I had so I didn't think it was working or very reliable.	Reduced
Own home / GP surgery	weekly	Having the (CO)breathalyser was helpful as I could see my nicotine levels going down. The support was fantastic. My (advisor) support person came to my house every other week as I have the four children and had problems with public transport getting to the surgery. Every other week I would go to the local drs surgery and saw her.	Reduced
Community hall	weekly	It would have been more helpful if was more local to me. I had to drive for 30 minutes to get there.	Yes
At home	2	The people were very nice, the home visits were helpful, the 1:1 sessions were helpful, the vouchers for NHS Nicotine Replacement were very helpful. Less helpful was how long it took to see anyone. Could be offered support earlier, maybe at the first midwife appointment. By the time they came to my house I was having the morning sickness and so I had pretty much already stopped on my own	No
'Sessions' (location not specified)	Weekly, then fortnightly, then monthly	Patches give every week was helpful, always being there when I needed support, or on the phone, even if an advisor was off sick, they provided a replacement	Yes
Advisor support (location not specified)	1	Info was helpful. Unhelpful: the lack of available options, not able to use champix or vapes, only able to use on patch at a time, not allowed to use an NRT inhalator.	Yes

Phone call	6 occasions, fortnightly	They always had something new or different to tell me about to help me through, it helped me try new things, giving me leaflets to read about the benefits of not smoking	Yes
Meeting in café	6 or 7 occasions, fortnightly	Information, having there rooting for me to give up, someone to keep me going. Less helpful - if I couldnt get free e-cigs from my mum might have been more difficult to stop	Yes
Sometimes 1:1 in my house, mostly in the community venue	24	Helpful as they were very supportive. Less helpful; my advisor was off work and there was a delay replacing her, lack of continuity and I had to take quite a bit of time off work to attend the sessions	Reduced
At home	8 weekly sessions, followed by fortnightly sessions	Came to my house, monitored my CO levels which kept me thinking about keeping the number on the brethalyser down. Less helpful - not able to have Champix	Yes
Location not specified	1 or 2 occasions, monthly	I suffer depression so the fact that they came to my house was good. The information they gave was quite good. Not helpful: not being able to use Champix	No
saw nurse at GP surgery	3 occasions, monthly	They were non-judgemental, reassuring, positive and encouraging	No
At home	3 occasions, weekly	It was helpful knowing how it would effect me - the smoking, on me and my baby and that helped me reduce. But being offered the number after trying and being unsuccessful after 3 weeks was not much help really	Reduced
At home	1	As before. Too rushed, not enough appointments, not enough detail about harm to baby	No

Q25. Did you manage to quit as a result of using this service? (Overall figures)

Yes: 11 of 43
No: 16 of 43
Reduced: 12 of 43
Reduced, but not because of support: 1 of 43
Quit, but not because of support: 1 of 43
Increased: 1 of 43
No response: 1 of 43

NB: 'Quitting' was understood by participants to mean 'a complete stop of smoking for a period of time'. As such, these figures include women who, for example, stopped smoking for a period of days or weeks, before starting again.

Access to NRT products and *convenience of appointments for support* are recurrent themes in the feedback offered relating to perceived helpfulness of the service.

Questions 27 to 30: Awareness of risks of smoking, information and support

Q27. Has anyone else ever spoken to you about the risks to you and your baby that could be caused by smoking during pregnancy?

Yes: 30 Of 43
No: 10 of 43
No response: 3 of 43

Q28. Who was that?

Responses to this question were limited, with only 9 of the 30 women who answered 'yes' to question 27 offering further information as follows:

family
partner
general message in society, chatting to friends
doctor
health visitor

my manager at work
my GP mentioned it
my mum
when I went to scans- medical staff there

Q29. What kind of support did they offer you?

told me to stop not that supportive
he was not supportive
informal
gave a list of contacts
friendly support
can't remember
she wasn't that supportive- not very sympathetic
didn't offer support they just talked to me about it

Responses to this question further illustrate how the cohort of 43 women who took part in this engagement were generally not primed for stop smoking conversations before they became pregnant. A theme of a lack of supportiveness or conversations that were unfocused is evident here.

Q30. Can you think of any other types of support you could have been offered that you would have found helpful?

No (18)
Not sure
maybe I could have tried a patch
a phone app would be good- with positive encouragement
hearing from people who have had bad experiences- long term effects
I don't know what the options are really- maybe tablets. (During my) third pregnancy- I would of liked to go to the group but it wasn't offered. I tried to access the service after the birth, I was told there are no groups local to me anymore. I didn't find vaping suitable long term
stop smoking group with other ladies, support from each other and make friends
weekly appointments rather than just giving my patches and sending me off on my own. a proper plan would have been good

if there was a group with other smoking mum's that would have been good- I felt a bit isolated
I would like an honest straight forward approach- evidence based- what could happen. I know lots of people have smoked in pregnancy and they have been fine. lots of stuff can happen even if you are careful. I was brought up in a smoking household is normal to me.
group support case studies from people who have had bad experiences- to scare me
no- maybe I would have liked to try nicotine patches
nicotine replacements- like a patch
It would have helped if the support was more than just once a week. I used the 'Inhalator' but I think a vape would be more effective if they were freely given out
face to face once a week would be encouraging
No - I had as much support as I needed - I was determined to quit, it was hard, but they got me through it, I could not have done it without them
(Redacted)
An appointment sooner would have been helpful, one that fitted around my work
any support would have been helpful, I reduced on my own
maybe in a group with others like me
I've never tried the NRT alternatives, or a vape. Some people find that they help during the struggle - great if vape was free
I just had a number to call – nothing else. Could have sent me leaflets. More co2 tests throughout would have been encouraging, so I could see I was doing well – especially when I was struggling with giving up. If the service had a shop in the middle of town I could just pop in, would be easier. I was put off by having so many other appointments already with the midwife and working as well. The smokefree service didn’t fit in with the things I was doing. I couldn’t take any time off.
more sessions, going on for longer, helping me persevere, support could put a bit more pressure on me to stop.
Midwife went on about the detail and maybe she could have given me the support instead, and done it at my pace. I didnt have time to think about it and prepare myself

If the advisor had been there at the first appoinment with the midwife - it might have helped. It would have caught me at the beginning of the pregnancy. Also probably could have done with hearing more in-depth about the risks right at the beginning. They could have been more pushy with me.

Themes within responses included a desire for more group support, a desire for greater access to a range of support products including vapes and feedback relating to a desire for support to better fit with the schedule or needs of the participant.

Questions 31 to 33: Supporting family members to stop smoking

Q31. Were you aware that there is support available for your partner and family members to stop smoking?

Yes: 23 of 43
No: 19 of 43
N/A: 1 of 43

Q32. Is this something that you would have been interested in?

Yes: 15 of 43
No: 20 of 43
Yes, and they attempted to stop/did stop: 2 of 43
Possibly: 1 of 43

Of the 19 who stated in question 31 that they were not aware, 7 would not have been interested in this support, 9 would have been interested, and 3 possibly would have been interested.

Three of these women made further statements that indicated a potential missed opportunity to target stop smoking support to partners and thereby potentially also support the participant, for example:

Yes. Husband a smoker. It was daunting doing it on my own. It might have encouraged me to totally quit sooner if he had done it too.

This finding supports one of the overall recommendations of this report, see Section 1.

Q33. How do you think your partner and family members would react if they were offered this support?

Wouldn't have been interested	12	*brother and partner smoke and would not be interested in this service;* *they would have said no thanks*
Maybe would have stopped / been pleased	10	*yes then we could stop together and get support;* *my partner said he would like to stop- it would be hard;* *They smoke less than me, but they may have taken up the offer;* *he would have done it straight away - and it would have helped me;* *I think my mum would have been grateful;* *He'd have been more than happy to try. He's quit now.*
They were offered support	7	*my partner did try this, he tried taking tablets but he didn't get on with them, he has cut down now the baby is here and he's helping with childcare;* *midwife offered the referral to my partner at the first appointment as well, and he said no straight away as he said he didn't need to quit, he was not the one that was pregnant*
They don't smoke	7	
Might have been interested	2	*my partner wouldn't give up, my mum might have been interested*
Not sure	2	

It is perhaps surprising that of the 40 women who responded to this question, only 7 appear to have received stop smoking support which also extended to family members and partners (a further 7 report that family members and partners do not smoke). It is worth considering therefore why the families and partners of 26 women from this cohort were probably not reached with an offer of support, and whether steps could be taken to attempt to rectify this in future.

A proportion of the women (12) felt pessimistic about the reactions of partners and family members to an offer of stop smoking support.

Twelve statements, however, indicate that approaching a partner or other family members with an offer to stop smoking could have resulted in beneficial results. Four other comments also referenced

examples where this did happen, and family members or partners engaged with services and either cut down, stopped or the participant expressed positive feelings about the approach.

This feedback suggests that a more proactive and consistent approach to engage partners and family members by midwives is likely to be perceived positively by pregnant women, and may also contribute to positive outcomes by creating a better support network for them. This finding supports one of the overall recommendations of this report, see Section 1.

Questions 34 to 39: Experiences post-pregnancy

Q34. Did you continue smoking throughout your pregnancy?

Stopped: 16 of 43
Continued smoking: 11 of 43
Reduced during pregnancy only: 14 of 43
Increased: 2 of 43

Q35. If you did stop, did you start again after the birth?

Yes: 9 of 43
No: 5 of 43
Still pregnant: 2 of 43

Q36. If yes (to question 35) then why do you think that was?

Responses to this question highlight that a return to previous 'real life' scenarios and mental states appears to have directly contributed to relapses for many women.

stress	13	*stress caused me to start, less than before though;* *stress, once my child got older it increased, I am off work at the moment so I smoke more- I am looking forward to going back to work because I smoke less then;* *stress, housing problems*
Return to previous settings, emotional states or situations which were linked to smoking	11	*it helps me feel calm, I smoke more now because I am at home a lot and I am bored ;* *I fell back into a routine*

Habit forming / addiction	5	*getting a break, I enjoy it, its a habit;* *it tasted like crap but it's a habit I just got back into*
Illness after birth, especially mental ill-health	3	*I was quite ill after my birth, I was finding it hard to cope so I increased again;* *don't know, suffered post-natal depression*
Relationship issues	2	*Stress, bad relationship… (information redacted)*
Lack of support	2	*I had no support- my partner smokes too it's very hard;* *I had no support, nobody talked to me about it, it was habit*
Only Stopped temporarily	2	*I stopped during pregnancy for about 4 weeks but then started again before the birth;* *I didn't full stop*
Not sure	1	
Still trying to quit	1	

Q37. Were you asked by your health visitor post-birth if you were still smoking?

Yes: 23 of 43
No: 14 of 43
Not sure/don't recall: 4 of 43
N/A: 3 of 43

Q38. If you answered yes to question 37, what support were you offered, if any?

Nothing	8
Offered/made another referral	5
Practical advice on minimising risk	5
Don't recall	4
Information or general advice, but no follow-up	3
Poor relationship with health visitor / perception of poor quality service offered	2
Stop smoking support was ongoing at this point	1
N/A	1
Lack of consistency of visitor so not much understanding or relationship built up	1

Responses to questions 37 and 38 illustrate a potential missed opportunity, especially in light of the high number of women returning to smoking after their pregnancy had ended.

Smoking not discussed

The number of women who could recall being asked about smoking was 23 of 43, which appears to be low, especially in light of the fact that the majority of the 43 women reduced their smoking during pregnancy and could perhaps have been supported to continue this success after their pregnancy had ended. The responses to question 40 appear to back up this conclusion, with eleven of the comments reflecting on missed opportunities or regrets (which could be reasonably inferred to indicate some level of openness to discussing further support at this point), and four of the comments specifically discussing how support has been sought at some point but not given.

I feel frustrated that I am not getting support;

And;

it's a worry that I was not contacted by smokefree services after the midwife referral. I would have liked the opportunity to give up completely, it might have helped my baby

Fourteen women reported that they were not asked if they were still smoking by the health visitor. Of these, 13 were smoking at this point and one had stopped. Of the 13 who were smoking at this point, 1 continued at same rate during pregnancy, 1 increased their smoking, 3 had previously stopped smoking at some point during pregnancy, and another 8 had cut down. It is worth considering why these 11 women who had stopped or reduced during pregnancy were left without follow-up support by their health visitor, and whether intervention at this point could have supported the eight who cut down to maintain a reduction or stop completely, or supported the three who previously stopped altogether to stop again at this point. This finding supports one of the overall recommendations of this report, see Section 1.

Referral not offered

Of the 23 who were asked by their health visitor if they were still smoking after birth, four had managed to stop smoking at this point. Of the remaining 19, only five were offered another referral to stop smoking services.

No support was offered I had more support in my first pregnancy but hardly any visits in my second

Eight of the women discussed receiving no support at all, with two women discussing a poor relationship with the health visitor as a contributing factor, and another woman describing how being supported by a different visitor each time meant there was little continuity in their support.

It is worth asking why 14 women (7 from Bristol, 7 from North Somerset) who were smoking at this point, and who were asked about it, were not offered a referral to stop smoking services by their health visitor.

Five women – all from North Somerset - were supported to minimise risk to their baby through techniques to reduce exposure to cigarette smoke. Of these, one had stopped smoking and the advice was regarding their mother who has now also reportedly stopped. The remaining four women had all reported that they reduced their smoking during pregnancy, but continued to smoke once their pregnancy had ended. It is worth questioning why these four women were not offered a referral to encourage them to extend their cutting down into a full stop. It could also be worth considering whether

harm reduction advice without a referral to stop smoking support was appropriate or ethical for these four women.

These findings support the overall recommendations of this report, see Section 1.

Q39. Were your partner and family members offered any support to stop smoking after the birth?

Yes: 4 of 43
No: 26 of 43
Don't recall: 9 of 43
N/A: 4 of 43

The number of women who reported that partner or family members were offered support to stop smoking after the birth is very low. Responses to questions 31, 32 and 33 appear to suggest that it would be worth attempting to share stop smoking information with partners and family members more proactively, including after the birth. This finding links to a recommendation in this report, see Section 1

Question 40: Any other comments

Have you got anything else you would like to say or any further feedback that we haven't covered already?

Regretful that support didn't meet the needs of the participant (8)	*I would have liked to be offered alternatives by the midwife not having to go to stop smoking (one service for everything) I wasn't referred because my score was too low- I would have liked more help.* *speeding things up would be good - it was all too late to help me*
Pleased with the service (4)	*I would recommend the service to people who want to stop smoking* *Nothing about the service is unhelpful - it's all good, if it is given at the right time for that person*
Hasn't been offered help or support subsequently, frustrated (4)	*I feel frustrated that I am not getting support* *It's a worry that I was not contacted by smokefree services after the midwife referral. I would have liked the opportunity to give up completely, it might have helped my baby*

Discussion of personal experiences and the impact it has had on uptake (2)	*it was a missed opportunity now I look back at it. At the time I wasn't bothered about it.*
Resolved to give up smoking again (1)	*I will stop again - it was tough but I will give up again*
Cutting down now (1)	*I am now trying to cut down with support from GP*
Happy with my referral (1)	*I was referred to a lady at the gatehouse center by a friend after the birth, I have given up for 4 months now*