Factors influencing midwives’ conversations about smoking and referral to specialist support; a qualitative study informed by the Theoretical Domains Framework.

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Background

- Smoking tobacco during pregnancy is a major public health concern.
- Smoking prevalence amongst pregnant women in Wales is significantly higher than the other UK nations.
- In 2021, 12% of women in Wales were recorded as smokers when they had their baby [1].
- Pregnant women are more likely to quit smoking and remain abstinent if they receive specialist behavioural support [2,3].
- In Wales, the Help Me Quit (HMQ) for Baby service offers opt-out, personalised, evidence-based smoking cessation support, however, uptake of HMQ for Baby is low.
- Research to date has reinforced the critical role of the midwife in supporting pregnant women to access services and make a quit attempt.

Aim

To explore the perspectives of midwives and to identify challenges and enablers they experience in initiating conversations about smoking with pregnant women and referring for specialist support.

Methods

- Qualitative study using semi-structured interviews (n=7)
- Semi-structured interview guide informed by the research questions and Theoretical Domains Framework [4].
- Framework Analysis [5] used to deductively analyse data and map to Theoretical Domains Framework.

Facilitators

- Knowledge of the risks of smoking in pregnancy.
- Congruence with midwife’s role in safeguarding mum and baby.
- Carbon monoxide monitor seen as a useful tool for supporting conversations about smoking.

Findings

- Midwives report challenges in accessing specialist support.
- Varied skill level in knowing best to frame conversations, specifically in relation to the opt-out pathway and referral to specialist support.

Barriers

- Perceptions that raising the issue of smoking may damage the relationship, or offend, scare or upset the woman.
- Limited knowledge of the support available.
- Confidence around the opt-out pathway and whether women can refuse a referral.
- Limited understanding/lack of guidance on best practice around smoking advice for women.
- Varied skill level in knowing best to frame conversations, specifically in relation to the opt-out pathway and referral to specialist support.
- Varying levels of confidence in ability to influence women’s decisions about smoking and accessing specialist support.
- Limited access to and/or time to engage in training.
- Referral process feels repetitive.
- Limited time within appointments/conflicting priorities.

Recommendations informed by the Behaviour Change Wheel

- Provide training/education to increase knowledge and understanding of:
  - The opt-out referral pathway.
  - The service and the support it can provide to women.
  - Evidence-based behaviour change approaches.
  - Recommended advice for pregnant women regarding vaping.
  - The impact of behavioural interventions on smoking cessation.
- Enhance skills in facilitating conversations that strengthen motivation and commitment.
- Provide examples of how to frame the risks of smoking in pregnancy, the opt-out pathway and the support offered by the specialist service.
- Support midwives in sharing best practice and approaches to addressing challenges.
- Share feedback on referrals and outcomes of referrals.
- Enable midwives to engage in skills-based training.
- Provide a script to support explanation of the opt-out pathway.
- Simplify the referral process.
- Enable access to resources both for midwives and for pregnant women.

Conclusions and implications

- Whilst recognising the limited sample size, the study provides rich insights into experiences of community midwives.
- Midwives recognise the importance of their role in supporting women to access specialist support.
- Midwives report low confidence in addressing public health issues and recognise the need for a different approach, rather than the historic biomedical approach of imparting knowledge.
- Whilst there are continued time pressures and competing priorities for midwives, enhancing skills and confidence in collaborative, empowering approaches to addressing smoking could further support in optimising the uptake of maternity smoking cessation support. This could also aid conversations about wider public health issues including diet, physical activity, and alcohol use.