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Smoking cessation during pregnancy: The perceived barriers, attitudes and reported practices of doctors

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Methods

- (14 semi-structured, in depth interviews with doctors
- (purposefully sampled from available public sector hospitals in Cape Town
- (Doctors provide clinical support and expertise to MOUs

Priorities in antenatal care

- (Low income population, multiple competing health needs
- (Poor nutrition, alcohol abuse, diabetes, pre-eclampsia, domestic violence
- (Managing HIV infected PW top priority

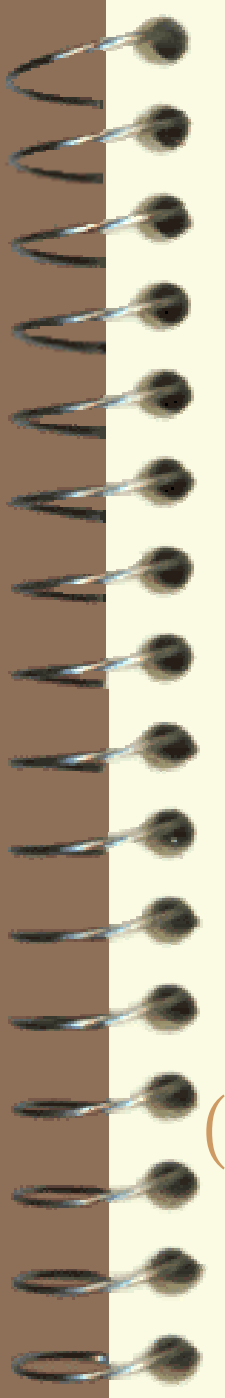
Position on smoking

“There is a general acceptance in the Department that pw should not smoke and that all patients should be encouraged to quit, but smoking is not verbalised by doctors as a priority issue.” Int 6.

“ It is not something we target. Everyone would agree that smoking is not a good thing, but it is left up to the individual and some people would stress it more than others. Int 15.

Knowledge and perceptions of relevance

- (Most relevant to coloured pw
- (Increased risk: pre-term labour, abruptio placenta. Fetal growth retardation, LBW.
- (Research study : pre-term labour, abruptio placenta leading causes of perinatal death, babies 256g less than non-smoking mothers
- (Another hospital: high rates of LBW (20%)
- (Contributing factor to low breast feeding rates



“I am not sure that we have the systematic knowledge that says if you intervene and stop women smoking, you will have a definite benefit. Unless you can produce very good evidence that smoking is a major risk factor for something like abruptio placenta, I don’t see how it can be ranked as a priority.” Int 6.

(Doctors unaware of evidence showing effectiveness of doctor delivered interventions or clinical guidelines.

Routine practices and approaches to smoking cessation

- (MWs expected to assess smoking status and inform pw of risks
- (Clinic card: Smoker yes/no
- (Smoking status not always noted by doctors
- (Problem orientated approach

Routine practices and approaches to smoking cessation

“If one notices on the clinic card that someone is smoking, it will probably be discussed. But I think we tend to stress it when the woman already has a problem. But I think the best thing is preventive action, early on in the pregnancy. And we don’t give enough time to that.” Int 12.

“It is such a common problem, but there is not enough emphasis on it. I think if they pick up a problem, they will address it, but there are no programmes, proper counselling or even brochures. “ Int13.

Routine practices and approaches to smoking cessation

(One hospital more systematic approach: advise and educate, follow up and record discussions

“We tell people to stop but don’t give them the tools to stop. We point out the problem and then rely on the woman’s will power, But I don’t think that is enough for an addiction. “ Int 12.

“I must acknowledge that we haven’t got many skills in giving advice about how to stop smoking and since I am a non-smoker so I don’t have the experience. I don’t think we are achieving much. “ Int 3.

Routine practices and approaches

- (To be more effective : more time; attractive self help materials; more understanding of how to motivate patients to change; guidelines
- (Harm reduction a worthwhile goal
- (Needed to know critical threshold
- (Use of NRT not recommended

Perceived barriers to pw achieving behavioural change

- (Addictive nature of tobacco
- (Smoking highly socially acceptable
- (High prevalence of smokers in households
- (Low levels of educational attainment
- (poor socio-economic circumstances
- (Smoking not of immediate concern to pw

Perceived barriers to pw achieving behavioural change

“Their attitude may be that if there is so little for me anyway and I derive pleasure from smoking, why shouldn't I...So, smoking is something accessible for them which can alleviate the stressful conditions in which they live.” Int 6.

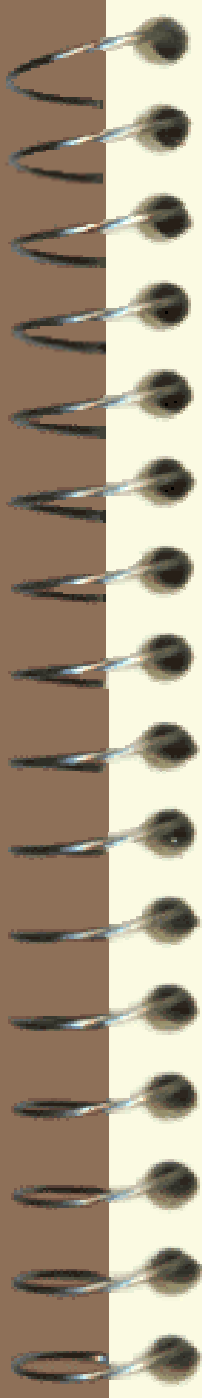
“A recent survey showed that about 10% of coloured women suffer from domestic violence and depression. A lot of women suffer from poor self esteem and feel that they are not in control of their lives. So it is understandable that they don't believe that they can stop smoking.” Int 12.

Perceived barriers to pw achieving behavioural change

(Negative attitude of health care providers a barrier

“Mws feel that they have the right to scold women. If that is your attitude, you will just make her feel miserable, guilty and resentful.”

“I think berating mothers and treating them as if they are criminals because they smoke is bad medicine. I think one needs to do it through education, encouragement and support.” Int 8.



(Doctors concerned to adopt a caring, empathetic approach

“I feel uncomfortable when I see clinicians scold a patient. It is a very negative experience for the patient, if in their first encounter with them, you ask them about smoking. It is as if you don’t care about her, you are only bothered about her smoking. Smoking should stay in the background until you establish a trusting relationship and show that you care for her as a person.” Int 3.

The response of pw to advice

- (Majority of smokers continue to smoke during pregnancy
- (Health care provider's advice and education has little influence
- (Those women who are motivated to stop are spontaneous quitters

The response of pw to advice

“Even women with problems, such as growth retardation, don’t manage to give up. Often they will try but just don’t cope.” Int 2.

“In our experience, most patients do not give up smoking. Only a small proportion will tell you that they have given up. They tend to be women who have planned their pregnancy and are motivated to do things the correct way.” Int 3.

The response of pw to advice

(Pw report cut in consumption to placate doctors and to avoid discussion

“ The standard answer we get is, ‘I just smoke 3 a day.’ I suspect that is nowhere near the truth. They don’t conceal it because they know you might smell it or see them smoking. It is more likely that they understate the number of cigarettes. They pick up the vibe that we are very much against it in obstetrics.” Int 5.