

Interview schedule for pregnant women

V1.0 31.10.13 Format A

Generic introduction

- Introduction to the study
 1. Interviewer introduction
 2. Quick study summary
 3. Audio recording, anonymity, opportunity to ask questions etc.
 4. Consent

Warm up/context questions

- How has your pregnancy been? – when is your baby due/how many weeks are you now?
OR
- How many weeks old is your baby now? – how have you been since giving birth?
AND
- Are you currently smoking?

A. Smoking behaviour and history

Core interview questions or sections are marked with an *. All others remaining can be skipped depending upon time available.

If interviewee is currently smoking ask the current smoking behaviour questions below. If not, proceed to Recent quit attempt (for current non-smokers)

*Current smoking behaviour (for current smokers)**

- How would you describe your smoking? (conversation opener)
P Heavy or light smoker; occasional or regular; a weekend/social smoker?
- On average, how many cigarettes do you smoke per day?
P 5 or less; 6-10; 11-20; 21-30; more than 30
- How soon after waking do you usually smoke your first cigarette?
P within 5 mins; 6-30 mins; 31-60 mins, over 60 mins
- Triggers for smoking e.g. spending time with family/friends; stressful situations; boredom
- Any changes in smoking habits post pregnancy
- Motivation to quit in pregnancy
P [If planning to quit during pregnancy] When they plan to quit
P [If planning to quit during pregnancy] Whether they plan to quit/stay quit beyond pregnancy

*Recent quit attempt (for current non-smokers)**

- How would you describe your smoking prior to quitting? (conversation opener)

P Heavy or light smoker; occasional or regular; a weekend/social smoker?

- On average, how many cigarettes did you smoke per day?
P 5 or less; 6-10; 11-20; 21-30; more than 30
- How soon after waking did you usually smoke your first cigarette?
P within 5 mins; 6-30 mins; 31-60 mins, over 60 mins
- Triggers for smoking e.g. spending time with family/friends; stressful situations; boredom
- Any changes in smoking levels post discovery of pregnancy and prior to quit attempt
- Motivation for recent quit
P Length of time between decision and making quit attempt (e.g. “How long between making decision and quit”)
P Motivation to stay quit throughout pregnancy
P Motivation to stay quit beyond pregnancy
- General experience of quitting [skip if time limited]
P Easy/difficult; variation depending upon point in time

Previous quit attempts

- Ever attempted to quit smoking
- How many times; duration of previous quits;
P Any previous quits in pregnancy
- Motivation for previous quit attempts
- Feelings/thoughts about previous quit attempts
- How were previous quits attempted
P Any previous use of NRT
P Any previous use of behavioural support

*Beliefs/feelings about smoking**

- General beliefs/feelings about smoking
- Thoughts on quitting smoking in pregnancy i.e. negative/positive evaluation (if not already discussed)
P [negative] Beliefs about the harms of smoking during pregnancy and likelihood of them/their baby experiencing those harms (e.g. “What is your take on whether smoking during pregnancy is harmful for babies?/Do you think the risks associated with smoking in pregnancy are exaggerated?” and [if currently smoking] “Do you think your baby is at risk of harm from your smoking?”)
P Perceived disadvantages of quitting smoking (e.g. Whether or not enjoys/enjoyed smoking)
P Perceived advantages of quitting smoking

*Smoking behaviour within household and among family and friends**

- Number of smokers in household
- Number of smokers amongst close family
- Number of friends that smoke

- Extent to which smoke with partner, family or friends – importance within relationships

[Ask interviewee to recommend a significant other who they feel would be important for us to speak to regarding the interviewee's smoking behaviour in pregnancy.]

- Any current attempts by partner/family member/friend (focus on significant other) to provide support for stopping smoking
- Any attempts in previous pregnancies by partner/family member/friend (focus on significant other) to provide support for stopping smoking

B. Perceived barriers and facilitators to cessation in pregnancy

*Confidence in quitting/staying quit during pregnancy**

- Control beliefs, considering internal (e.g. skills, emotions, information) and external (e.g. opportunities, barriers etc.) control factors
P “Do you feel your ability to quit/stay quit is within your control”

*Relationships with significant others inc. partner, family and friends**

- Feelings and thoughts about partner's/other household members' smoking (if applicable)
- Attitude of significant other to smoking in pregnancy and quitting (if not already discussed)
P [if currently smoking] attitudes of significant other on participant's smoking behaviour (e.g. “What do you think your [significant other] thinks about you currently smoking?”)
P [if not currently smoking] attitudes of significant other on participant's smoking behaviour (e.g. “What do you think [significant other] would think if you had continued to smoke during pregnancy?”)
- Partner/family/friends' attitudes to smoking in pregnancy and quitting
P [if currently smoking] attitudes of partner/family/friends on participant's smoking behaviour (e.g. “What do you think [partner/family/friends'] think about you currently smoking?”)
P [if not currently smoking] attitudes of partner/family member/friends on participant's smoking behaviour (e.g. “What do you think [partner/family/friends] would think if you had continued to smoke during pregnancy?”)
- Others' smoking in pregnancy behaviour (e.g. “What have other smokers that you know done when they became pregnant?”)
- Any changes to where smoking takes place within household since discovery of pregnancy [skip if time limited]
P Smoking outside; smoking in particular rooms; at open doorways or windows.
P Feelings on ability to introduce smoking restrictions in home/around her
- Impact of changes in smoking behaviour on relationships

P [if currently smoking] spending time with smoking/non-smoking partner, family and friends (focus on significant other)

P [if not currently smoking] spending time with smoking/non-smoking partner, family and friends (focus on significant other)

*Accessing cessation support as a pregnant smoker**

- Experience of discussion of smoking in pregnancy with health care professionals e.g. midwife, smoking cessation adviser, GP, pharmacist, other health care professional
 - P Aspects which felt helpful/unhelpful
 - P Extent to which support received appeared consistent among different health professionals
 - P Extent to which felt in control of/felt responsible for quit attempt (e.g. 'After agreeing to support from the cessation advisor, did you still feel in control of your quit?')
- Other aspects of health care which liked/disliked or found helpful/ unhelpful e.g. CO monitoring, NRT, group support
- Previous awareness of smoking cessation support available to pregnant smokers
 - P Thoughts on seeking support prior to contact with health care professionals
- Awareness of smoking cessation campaigns
 - P Feelings/thoughts about campaigns
 - P Influence of campaigns on own behaviour

Willpower

- Importance of willpower*
 - P [if currently smoking] Reasons why willpower wasn't sustained (e.g. 'It sounded like you had a plan to quit but it didn't work out – why do you think that was? What you would do differently if you tried again?')
 - P [if not currently smoking] Level of influence of willpower on recent quit attempt

Other perceived barriers or facilitators

- Influence of work environment (if applicable)
 - P Opportunities for work breaks associated with smoking
 - P Spending time with colleagues who smoke
 - P Attitude of employer to smoking
- Costs of smoking/savings discovered from quitting or cutting back on smoking
- Extent to which smoking is used as a mechanism for relaxation/coping
 - P Availability of alternative strategies for leisure or dealing with stress
- Extent to which smoking is part of daily routine
 - P Availability of alternative strategies for leisure or dealing with stress
- Influence of unexpected consequences e.g. positive and negative

- P Improved health or appearance; improved home atmosphere and appearance; increased appetite; substitution with food (weight-gain)
- Other unanticipated barriers and facilitators

C. Views on available and in development interventions

*Current smoking cessation interventions**

- Thoughts on brief interventions delivered by GPs or midwives
 - P Views on appropriateness of discussion of smoking in pregnancy with generic health professionals and associated support
- Thoughts on availability of smoking cessation support services
 - P Importance of specialist support services especially those designed specifically for pregnant smokers
- Thoughts on self help intervention (e.g. leaflets, websites, text message support, apps for smartphones)
 - P Views on availability of information and resources enabling self-supported quit
- Thoughts on using financial incentives to encourage cessation
 - P Views on types of possible incentives for supporting smoking cessation

*Future interventions**

- Preferred types of support for stopping smoking (in an ideal world)
 - P Characteristics of preferred type of support e.g. timing, nature of approach, people involved; nature and level of ongoing contact
- Thoughts on interventions involving partner, family and friends
 - P Perceptions of significant other's potential willingness to take part in an intervention involving them as well as self (e.g. "Do you think [significant other] would be willing to join you in a scheme to assist in stopping smoking during pregnancy?")
 - P Perceptions of partner/family/friends' potential willingness to take part in an intervention involving them as well as self (e.g. "Do you think [partner/family/friends] would be willing to join you in a scheme to assist in stopping smoking during pregnancy?")

Interview schedule for 2nd interview with women who have recently given birth V1.0 02/03/2014

Focus of 2nd interview

- Late pregnancy period i.e. what has transpired since the last interview in terms of smoking/quitting behaviour

AND
- Since baby arrived i.e. what has been the situation since the baby arrived in terms of smoking/quitting behaviour

Key points from 1st interview

- Date of interview /gestation at time of interview:
- Smoking status/behaviour:
- Plans/motivation re quitting/staying quit:
- Preferred type of support suggested:

Generic introduction

- Introduction to the study
 1. Interviewer introduction
 2. Quick study summary
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 4. Consent

Warm up/context questions

- How many weeks old is your baby now? - how have you been since baby arrived?
AND
- Are you currently smoking?

Core interview questions or sections are marked with an *
All others remaining can be skipped depending upon time available.

A. Smoking behaviour and history

If currently smoking ask *current smoking behaviour* questions below otherwise go to *Quit attempts*

Current smoking behaviour *

- How would you describe your smoking at moment? / Has your smoking (or smoking status) changed since the last interview? (conversation opener)
 - P Heavy or light smoker; occasional or regular; a weekend/social smoker?
- On average, how many cigarettes do you smoke per day?

- P 5 or less; 6-10; 11-20; 21-30; more than 30
- How soon after waking do you usually smoke your first cigarette?
 - P within 5 mins; 6-30 mins; 31-60 mins, over 60 mins
- If number of cigarettes smoked is different to 1st interview: When did your smoking change? Why do you think the amount you smoke has changed since the 1st interview?
 - P Motivation change (e.g. pregnancy becoming more obvious or no longer being pregnant)
 - P Other people's expectations/perception (e.g. social stigma when pregnancy showing, acceptable to smoke after birth etc.)
 - P Dependence factors (e.g. urge to smoke changed)

*Quit attempts**

- At the last interview you had a plan to quit during pregnancy/planned to stay quit when the baby arrived but it looks like this did/didn't work out. Why do you think that was? What would you do differently if you tried again?
- Have you made any quit attempts since the 1st interview/describe quit attempt already mentioned?
 - P What made you make a quit attempt
 - P How did it go? (Easy/difficult, how long etc.)
 - P Access any support/use NRT?

*Personal motivations/willpower **

- Has your motivation to quit smoking/stay quit changed since you have given birth?
- Have you found your willpower to not smoke changed as your pregnancy progressed and since your delivery?

*Beliefs/feelings about smoking**

- General beliefs/feelings about smoking and perception of any change since 1st interview
- Thoughts on quitting smoking in pregnancy i.e. negative/positive evaluation, and perception of any change since 1st interview
 - P [negative] Beliefs about the harms of smoking during pregnancy and likelihood of them/their baby experiencing those harms (e.g. "What is your take on whether smoking during pregnancy is harmful for babies?/ Do you think the risks associated with smoking in pregnancy are exaggerated?")
 - P Perceived disadvantages of quitting smoking (e.g. Whether or not enjoys/enjoyed smoking)
 - P Perceived advantages of quitting smoking
- Thoughts on quitting smoking/staying quit after delivery (e.g. "Do you see smoking after delivery differently to smoking during pregnancy?")

- P Smoking around the baby (e.g. “How do you see smoking during pregnancy compared to smoking around the baby since they were born?” and [if currently smoking] “Do you think your baby is at risk of harm from your smoking?”)
- P [if they report that they have been breastfeeding baby] Influence of breastfeeding (e.g. “Has breastfeeding affected your smoking behaviour/feelings about starting smoking again?”)

*Smoking behaviour within household and among family and friends**

- Any changes since 1st interview in smoking behaviour of other smokers around them i.e. partner, in the household, close family, friends
 - P Any attempts by partner/family member/friend (focus on significant other) to provide support for stopping smoking since 1st interview?

B. Perceived barriers and facilitators to cessation in pregnancy

*Confidence in quitting/staying quit during pregnancy**

- Control beliefs, considering internal (e.g. skills, emotions, information) and external (e.g. opportunities, barriers etc.) control factors – current view and perception of any change since 1st interview
 - P “Do you feel your ability to quit/stay quit is within your control?”
 - P “Do you think this has changed since we spoke at the 1st interview?”

*Relationships with significant others incl. partner, family and friends**

- Feelings and thoughts about partner’s/other household members’ smoking (if applicable) since having baby
- Attitude of significant other/partner/family/friends to smoking since having baby
 - P [if currently smoking] attitudes of significant other on participant’s smoking behaviour (e.g. “What do you think your [significant other] thinks about you currently smoking?”)
 - P [if not currently smoking] attitudes of significant other on participant’s smoking behaviour (e.g. “What do you think [significant other] would think if you had started smoking again soon after giving birth?”)
- Others’ smoking soon after delivery
 - P “Have other women that you know who smoked or quit smoking during pregnancy changed their smoking behaviour after they gave birth?”
- Any changes to where smoking takes place within household since having the baby [skip if time limited]
 - P Smoking outside; smoking in particular rooms; at open doorways or windows.
 - P Feelings on ability to introduce smoking restrictions in home/around her

*Assessing cessation support in late pregnancy (i.e. after 1st interview)/since giving birth**

- Experience of discussion of smoking in late pregnancy /since giving birth with healthcare professionals e.g. health visitor, midwife, smoking cessation adviser, GP, pharmacist, other health care professional
 - Aspects which felt helpful/unhelpful
 - Extent to which support received appeared consistent among different health professionals
 - Extent to which felt in control of/felt responsible for quit attempt (e.g. “After agreeing to support from the cessation advisor, did you still feel in control of your quit?”)
- Other aspects of health care which liked/disliked or found helpful/ unhelpful e.g. CO monitoring, NRT, group support

Other perceived barriers or facilitators

- Influence of work environment as pregnancy progressed (if applicable)
 - Opportunities for work breaks associated with smoking
 - Spending time with colleagues who smoke
 - Attitude of employer to smoking
- Costs of smoking/savings discovered from quitting or cutting back on smoking
- Extent to which smoking is used as a mechanism for relaxation/coping
 - Availability of alternative strategies for leisure or dealing with stress
- Extent to which smoking is part of daily routine
 - Availability of alternative strategies for leisure or dealing with stress
- Influence of unexpected consequences e.g. positive and negative
 - Improved health or appearance; improved home atmosphere and appearance; increased appetite; substitution with food (weight-gain)
- Other unanticipated barriers and facilitators

C. Views on available and in development interventions

*Current smoking cessation interventions**

- We talked at the 1st interview about your thoughts on some of the different types of help you can get to quit smoking – brief advice from GPs or midwives, smoking cessation services, self-help, financial incentives – as your pregnancy progressed did your thoughts about any of these types of support change?
 - P Did your interest in accessing any of them change as your pregnancy progressed?
 - P Has your interest in accessing any of them changed since you gave birth?

*Future interventions**

- Of the types of support that you feel you got to stop smoking what did you prefer most?
- Feedback preferred type(s) of support (including partner/friends/family involvement) suggested in 1st interview and ask what they think of those now?
 - P Did your interest in accessing any of them change as your pregnancy progressed?
 - P Has your interest in accessing any of them changed since you gave birth?
- What type of intervention/support could help prevent women starting smoking again after quitting during pregnancy?

Interview schedule/topic guide for household members/significant others V1.0 Dec-13 Format A

Generic introduction

- Introduction to the study
 1. Interviewer introduction
 2. Quick study summary
 3. Audio recording, anonymity, opportunity to ask questions etc.
 4. Consent

Warm up/context questions

- How long is it before the baby arrives now?
OR
- How many weeks old is the baby now? - How has it been since the baby arrived?

A. Smoking behaviour and history

Determine if interviewee is a smoker. Do you smoke at all? If interviewee has smoked within the last year, ask the smoking questions below. If not, proceed to beliefs/feelings about smoking (smokers and non-smokers) questions.

Core interview questions or sections are marked with an *. All others remaining can be skipped depending upon time available.

Current smoking behaviour (for current or recent smokers)

- How would you describe your smoking? (conversation opener)
 - P Heavy or light smoker; occasional or regular; a weekend/social smoker?
 - On average, how many cigarettes do/did you smoke per day?*
- P 5 or less; 6-10; 11-20; 21-30; more than 30
- How soon after waking do/did you usually smoke your first cigarette?*
- P within 5 mins; 6-30 mins; 31-60 mins, over 60 mins
- P Triggers for smoking e.g. spending time with family/friends; stressful situations; boredom
- P Any changes in smoking habits post discovery of pregnancy*
- P Any plans to quit during pregnancy and when (pre-birth/post-birth)
- P If planning to quit, motivation for the quit

*Beliefs/feelings about smoking**

- General beliefs/feelings about smoking
- Thoughts on quitting smoking in pregnancy i.e. positive/negative evaluation (e.g. “What is your take on whether smoking during pregnancy is harmful for babies?/Do you think the risks associated with smoking in pregnancy are exaggerated?”)

*Smoking behaviour within household and among family and friends of pregnant woman**

- Number of smokers in household
- Number of smokers amongst close family
- Number of friends that smoke
- Extent to which smoke with woman – importance within relationships
- Any current attempts at providing support to woman to stop smoking (if not already discussed)
- Any attempts in previous pregnancies at providing support to woman to stop smoking

B. Perceived barriers and facilitators to cessation in pregnancy

*Confidence in woman’s ability to quit/staying quit during pregnancy**

- “Do you think it’s within [woman’s name]’s control to quit/stay quit during her pregnancy?”

*Relationships with close others**

- Knowledge of woman’s views on smoking in pregnancy and quitting
- Attitude of significant other to smoking in pregnancy and quitting (if not already discussed)
- Partner’s/family’s/friends’ attitudes to smoking in pregnancy and quitting
- Other’s smoking in pregnancy behaviour (e.g. “What have other smokers that you have known done when they became pregnant?”)
- Changes in smoking behaviour within household since discovery of pregnancy (if not already discussed) [skip if time limited]
- Impact of changes in smoking behaviour on relationships

*Pregnant smokers accessing cessation support**

- Thoughts on any cessation support received from health professionals, esp. smoking cessation adviser but also midwife and GP.

- Extent to which significant other perceived woman to have felt in control of/responsible for quit attempt after involvement of health professionals (e.g. “After agreeing to cessation support, do you think she still felt in control of her quit”)
- Other aspects of health care which were liked/disliked or were helpful/unhelpful e.g. CO monitoring, NRT, group support
- Awareness of smoking cessation support available to pregnant smokers prior to pregnancy and any thoughts
- Awareness and influence of smoking cessation campaigns on pregnant woman

*Personal motivations and willpower**

- Knowledge of woman’s motivations for quitting and perceived importance
- Importance of willpower

Other perceived barriers or facilitators

- Influence of work environment on woman’s quit attempt (if applicable)
- Costs of smoking/savings discovered from quitting or cutting back on smoking
- Extent to which smoking is used as a mechanism by woman for relaxation/coping
- Extent to which smoking is part of woman’s daily routine
- Any unexpected consequences for woman and influence on smoking e.g. positive and negative
- Other unanticipated barriers and facilitators

C. Views on available and in development interventions

*Current smoking cessation interventions**

- Views on appropriateness of discussion of smoking in pregnancy with generic health professionals (GPs, Midwives, Pharmacists) and associated support
- Importance of specialist support services especially those designed specifically for pregnant smokers
- Thoughts on self-help intervention (e.g. leaflets, websites, text message support, apps for smartphones) and level of effectiveness for pregnant woman
- Thoughts on using financial incentives to encourage cessation and level of effectiveness for pregnant woman

*Future interventions**

- Types of support for stopping smoking most beneficial to pregnant smokers (in an ideal world)
- Thoughts on interventions involving partner, family and friends as well as woman including effectiveness and willingness to become involved.

Establish:

- Age
- Relationship to pregnant woman
- Length of time known pregnant woman
- Frequency of contact with pregnant woman

Interview schedule/topic guide for health professional interviews (P=example probe)

Generic introduction

Introduction to the study

1. Interviewer introduction
2. Quick study summary
3. Audio recording, anonymity, opportunity to ask questions etc.
4. Consent
5. Ask what their role is and involves – to describe in their own words

A. Health professionals with clinical contact with pregnant smokers

Topic - Support routinely provided to pregnant smokers

- Example question: What advice or support would you routinely provide when you see a [pregnant/recently delivered] women who smokes?
 - P Seeing the provision of advice or support to quit smoking as part of role
 - P Local support options to help [pregnant/recently delivered] smokers to quit smoking

Topic - Perceived barriers to quitting

- Example question: What do you think are the main barriers to quitting smoking for [pregnant/recently delivered] smokers?
 - P Barriers that women experience in their environment
 - P Barriers relating to them accessing support services (e.g. Stop Smoking Services)
 - P Barriers at a service level i.e. organisational factors that might make it harder for health professionals/services to be supportive of [pregnant/recently delivered] women quitting smoking

Topic - Perceived facilitators of quitting

- Example question: What do you think are the main facilitators to quitting smoking for [pregnant/recently delivered] smokers i.e. things which make it easier to quit?
 - P Facilitators in the women's environment
 - P Facilitators relating to support services (e.g. Stop Smoking Services)
 - P Facilitators at a service level i.e. aspects of routine care which can be helpful for [pregnant/recently delivered] women quitting smoking

Topic – Perceived behavioural control regarding provision of advice and support

- Example question: How confident do you feel talking to [pregnant/recently delivered] smokers about smoking and advising them to stop/referring them to support?
 - P Main issues involved as a midwife to do this

- P Have necessary resources to do this (e.g. internal – confidence, skills, etc.; external – facilities, time, etc.)?

Topic – Women’s expectations regarding discussion on smoking

- Example question: What do you think [pregnant/recently delivered] smokers expect in terms of a discussion on smoking or offer of support?
 - P Experience of reactions to bringing up the issue of smoking or offering support

Topic – Effectiveness of smoking cessation support

- Example question: How effective do you think the smoking cessation support offered by your (local) service is?
 - P Brief advice to quit, behavioural support or pharmacological support e.g. nicotine replacement therapy etc.
 - P Chances of quitting if woman is referred/recommend to see a Stop Smoking Service advisor

Topic – Support needed for pregnant smokers

- Example question: Are there some kinds of smoking cessation interventions which [pregnant/recently delivered] smokers would benefit from which are not currently available?
 - P Family/social network interventions
 - P *Of any support mentioned:* Main aspects of support which would make it acceptable, feasible and effective (possible additional probes: timing, nature of approach, people involved, nature of continued contact etc.)

Topic – Clinical importance of smoking cessation in pregnancy (relative to other modifiable risks)

- Example question: How important is quitting smoking in pregnancy?
 - P In relation to other risk factors or unhealthy behaviours e.g. overweight, alcohol consumption
 - P Relative importance in relation to obese women losing weight in pregnancy
- Example question: What would you say are the main health effects of smoking in pregnancy?
 - P Experience of treating people with smoking-related complications
- Example question: How important is quitting smoking or staying quit after delivery?
 - P Relative importance in relation to other postnatal risks or unhealthy behaviours

Topic – Background – smoking status and training in smoking cessation

- Example question: Have you ever smoked?
 - P *If yes:* The effects of this on the way smoking is approached with [pregnant/recently delivered] smokers
- Example question: What training have you received on smoking cessation?
 - P Pre-registration training, CPD etc.
 - P Training needs regarding smoking cessation in [pregnancy/after delivery]?
 - P Discussion on smoking in team meetings or with colleagues

B. Stop Smoking Service advisors

Topic - Support routinely provided to pregnant smokers

- Example question: What advice or support would you routinely provide when you see a pregnant woman who smokes?

Topic – Women’s expectations regarding discussion on smoking

- Example question: What do you think pregnant smokers expect before they attend the support you provide?
 - P Reaction of pregnant smokers when they have received support from you or your service

Topic - Perceived barriers to quitting

- Example question: What do you think are the main barriers to quitting smoking for pregnant smokers?
 - P Barriers that women experience in their environment
 - P Barriers relating to them accessing support services (e.g. Stop Smoking Services)
 - P Barriers within antenatal care i.e. organisational factors that might make it harder for health professionals/services to be supportive of pregnant women quitting smoking

Topic - Perceived facilitators of quitting

- Example question: What do you think are the main facilitators to quitting smoking for pregnant smokers i.e. things which make it easier to quit?
 - P Facilitators in the women’s environment
 - P Facilitators relating to support services (e.g. Stop Smoking Services)
 - P Facilitators within antenatal care i.e. aspects of routine care which can be helpful for [pregnant/recently delivered] women quitting smoking

Topic – Effectiveness of smoking cessation support

- Example question: How effective do you think the smoking cessation support offered by your service is?
 - P Relative effectiveness of different forms of support e.g. behavioural support/counselling, pharmacological support e.g. nicotine replacement therapy etc.
 - P Chances of quitting if woman is seen by service

Topic – Support needed for pregnant smokers

- Example question: Are there some kinds of smoking cessation interventions which [pregnant/recently delivered] smokers would benefit from which are not currently available?
 - P Family/social network interventions
 - P *Of any support mentioned:* Main aspects of support which would make it acceptable, feasible and effective (possible additional probes: timing, nature of approach, people involved, nature of continued contact etc.)

Topic – Clinical importance of smoking cessation in pregnancy (relative to other modifiable risks)

- Example question: How important is quitting smoking in pregnancy?
 - P In relation to other risk factors or unhealthy behaviours e.g. overweight, alcohol consumption
 - P Relative importance in relation to obese women losing weight in pregnancy
- Example question: What would you say are the main health effects of smoking in pregnancy?
 - P Experience of treating people with smoking-related complications
- Example question: How important is quitting smoking or staying quit after delivery?
 - P Relative importance in relation to other postnatal risks or unhealthy behaviours

Topic – Background – smoking status and training in smoking cessation

- Example question: Have you ever smoked?
 - P *If yes:* The effects of this on the way smoking is approached with [pregnant/recently delivered] smokers
- Example question: What training have you received on smoking cessation?
 - P Training needs regarding smoking cessation in pregnancy or after delivery

C. Managers and commissioners

Topic - Perceived barriers to quitting

- Example question: What do you think are the main barriers to quitting smoking for [pregnant/recently delivered] smokers?
 - P Barriers that women experience in their environment
 - P Barriers relating to them accessing support services (e.g. Stop Smoking Services)
 - P Barriers at a service level i.e. organisational factors that might make it harder for health professionals/services to be supportive of [pregnant/recently delivered] women quitting smoking

Topic - Perceived facilitators of quitting

- Example question: What do you think are the main facilitators to quitting smoking for [pregnant/recently delivered] smokers i.e. things which make it easier to quit?
 - P Facilitators in the women's environment
 - P Facilitators relating to support services (e.g. Stop Smoking Services)
 - P Facilitators at a service level i.e. aspects of routine care which can be helpful for [pregnant/recently delivered] women quitting smoking

Topic – Effectiveness of smoking cessation support

- Example question: How effective do you think the smoking cessation support offered by your (local) service is?
 - P Brief advice to quit, behavioural support or pharmacological support e.g. nicotine replacement therapy etc.
 - P Chances of quitting if woman is referred/recommend to see a Stop Smoking Service advisor

Topic – How smoking cessation support be improved in service

- Example question: From a [management/commissioning] perspective, in what ways could the provision of support for pregnant smokers be improved within your service?
- Example question: What recent developments in national guidance related to smoking in pregnancy do you think are most significant in terms of their potential to benefit maternal and infant health?
 - P Changes or developments, if any, in national guidance that are needed

Topic – Support needed for pregnant smokers

- Example question: Are there some kinds of smoking cessation interventions which [pregnant/recently delivered] smokers would benefit from which are not currently available?

- P Family/social network interventions
- P *Of any support mentioned:* Main aspects of support which would make it acceptable, feasible and effective (possible additional probes: timing, nature of approach, people involved, nature of continued contact etc.)

Topic – Clinical importance of smoking cessation in pregnancy (relative to other modifiable risks)

- Example question: How important is quitting smoking in pregnancy?
 - P In relation to other risk factors or unhealthy behaviours e.g. overweight, alcohol consumption
 - P Relative importance in relation to obese women losing weight in pregnancy
- Example question: How important is quitting smoking or staying quit after delivery?
 - P Relative importance in relation to other postnatal risks or unhealthy behaviours