Nurses’ Perceptions of Smoking Cessation Interventions in Prenatal Clinics

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Background

Smoking during pregnancy:

- Single greatest modifiable factor that negatively affects the mother and fetus.
- Maternal smoking is clearly linked to perinatal morbidity and mortality.
Initial Interventions
Assessment and Counseling

5 A’s (3-5 min.)

Ask about tobacco use
Advise to quit
Assess willingness
Assist in quit attempt
Arrange for follow-up

2 A’s + R (1-3 min.)

Ask
Advise
Refer
Mothers Who Smoked before Pregnancy then Quit during Pregnancy, 2008

http://www.cdc.gov/prams/TobaccoandPrams.htm

PA = 45%
- 20% of women reported smoking in the final 3 months of pregnancy
- Cessation interventions, routinely initiated yet rarely fully implemented.
- Providers report barriers of limited time, training and resources for cessation.
Few studies have examined the **quality** or **success** of cessation interventions provided by nurses in prenatal clinics.
Preliminary data

- Self-assessed prenatal nursing competence
- 16% of nurses were comfortable with cessation interventions
- Implying ....
  - Lack of information? Weak skills?
  - Low confidence with counseling?
  - Inaccurate skill appraisal?
  - Discomfort with intervention?
Study Aims

Examine

1) Nurses’ perceptions and experiences with cessation interventions

2) Influences on effectiveness

3) Characteristics of women who self-report smoking during pregnancy
Research design – Descriptive study

1. **Focus groups** – Identify the key issues around nurses’ cessation interventions

2. **Survey** – Larger sample of nurses

3. **Electronic Health Record (EHR) data** – Examine pregnant smokers’ characteristics in relation to nurses’ perceptions and experiences
Methods: Focus Groups

- 7 prenatal clinics, different sizes and locations
- Consent implied through participation
- Audio-taped and transcribed verbatim
Methods: Survey

- Tool developed from focus group discussions
- Invited 65 nurses at 20 prenatal clinics
- Survey accessed electronically via email
  - 25 items – cessation assessments, strategies
  - 6 items – cessation training
  - 6 items – demographic descriptors
- Items rated on a 4-point Likert scale
Methods: **Electronic Health Record (EHR)**

- **Inclusion:** Self-identified as smoker at first prenatal visit in 2009
- **De-identified data set**
- **Included ~ 4500 women receiving prenatal care**
Findings: Focus groups (27 nurses)

- **Vulnerability**
  Complex life situations, multiple stressors

- **Concern for women’s welfare**
  Awareness influenced empathy, personalized care, prioritized interventions

- **Alternative cessation strategies**
  Assessments and personalized interventions

- **Constraints of clinic settings**
  Competing demands, few resources, unclear coordination
I go through the whole ritual of how I tried to quit… different things that I tried and what worked best.

I don’t know how hard they [midwives and physicians] push it… we’re not in the room… We go in and we do our education or whatever, and then they go in.
Findings: Survey

54 participants (83%)
71% > 11 yrs. nursing experience
78% provided care to 26+ pregnant women/week

Responses described

- Tobacco use is consistently assessed
- Family and life situation negate cessation efforts
- Traditional cessation interventions ineffective for many longtime smokers
Findings: EHR data

- 215 women self-identified as smoker
  - Ages 16 – 42 yrs (M = 25.7, SD = 5.4)
  - Most were single (61%)
  - Included mothers without older child (28%)
    with 1 child (27%)
    with 2+ children (30%)
- Daily smoking 5 – 40 cigarettes (M = 10, SD = 5)
- 33% began smoking < 17 yrs old
Conclusions

- Pregnant smokers perceived as vulnerable, with few resources or supports
- Responses conveyed insight, compassion, thoughtful strategies
- Current plateau in cessation rates suggest mismatch of traditional interventions with complexity of life situations
Next Study

*Prenatal to Pediatrics: Coordinated interventions to promote tobacco-free homes*

- Consistent messages across prenatal and pediatric settings
- Delivered by nurses and physicians with recurring contact with parents & young families
- Phone-based counseling by community partners

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Thank you
Questions?

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