



Nurses' Perceptions of Smoking Cessation Interventions in Prenatal Clinics

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Background

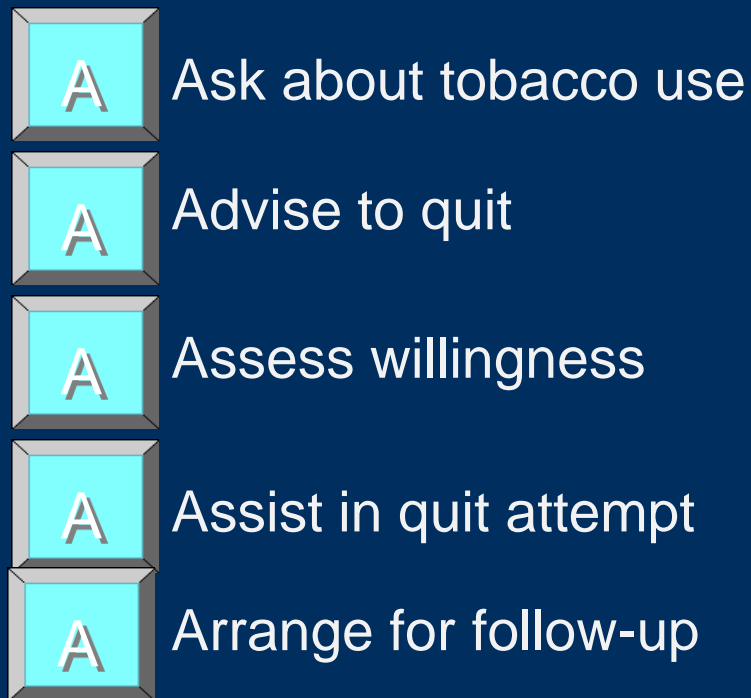
Smoking during pregnancy:

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

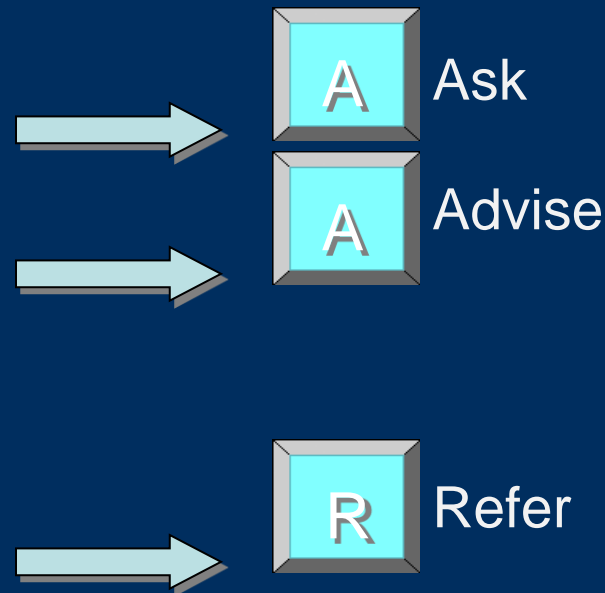
Initial Interventions

Assessment and Counseling

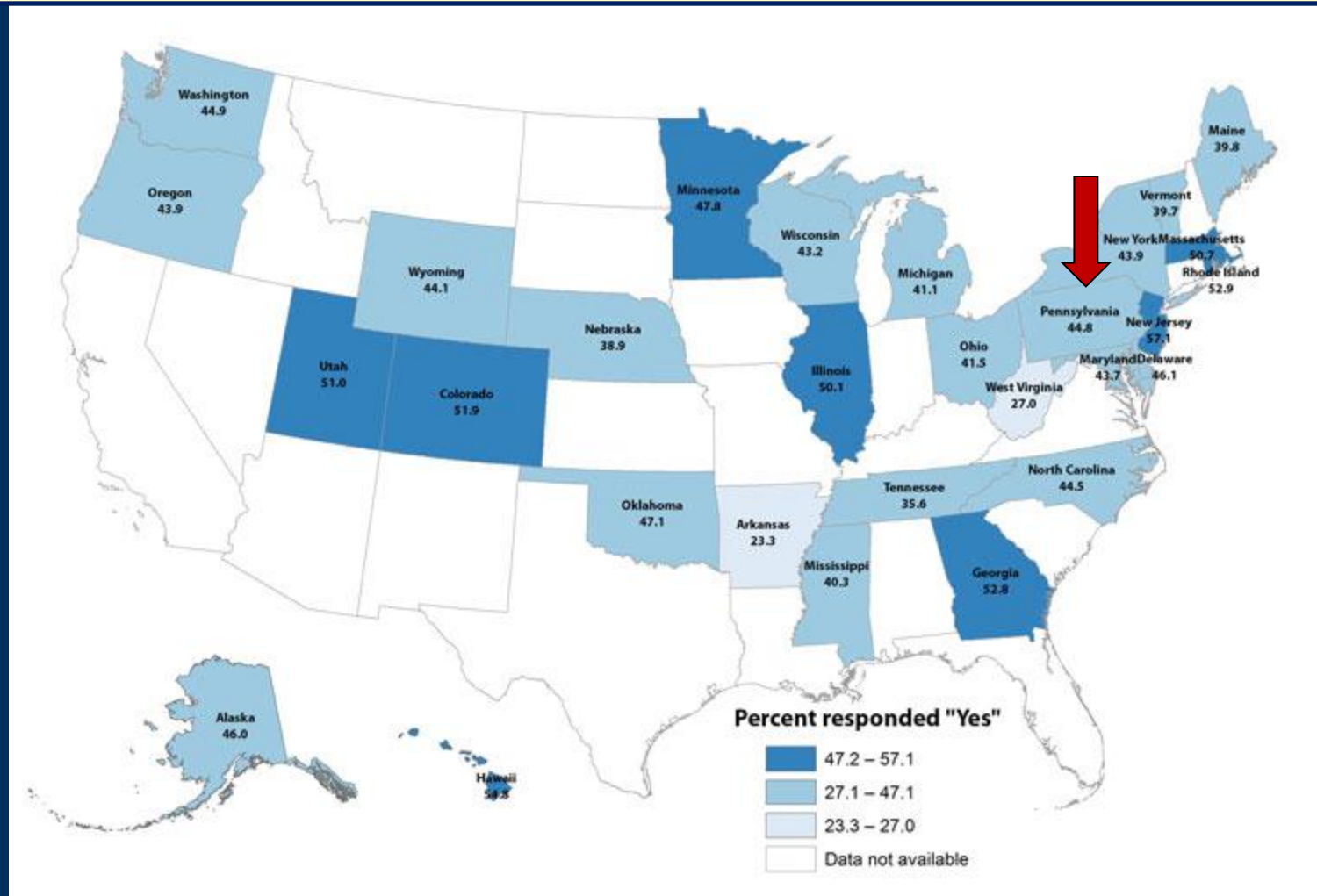
5 A's (3-5 min.)



2 A's + R (1-3 min.)



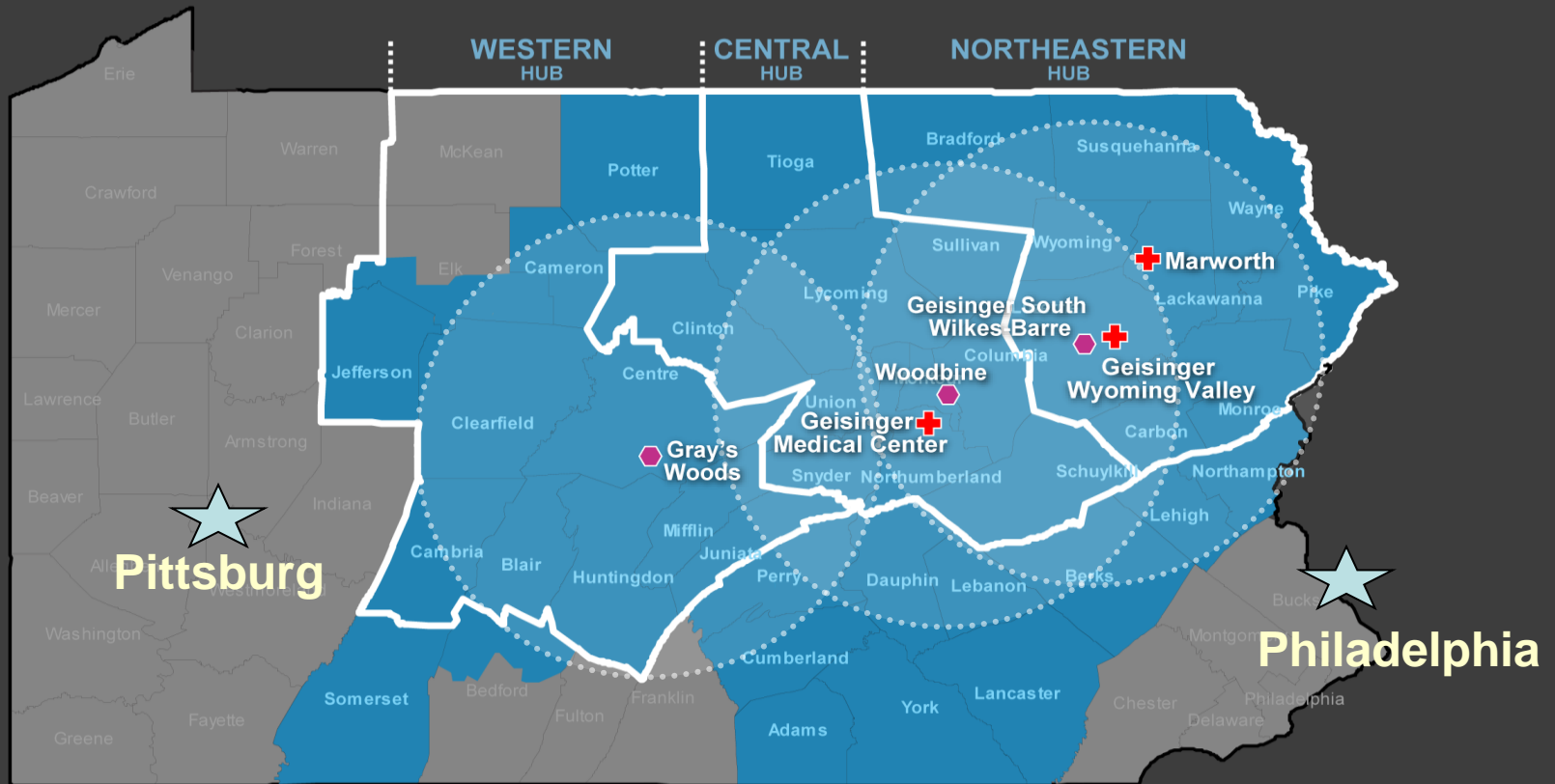
Mothers Who Smoked before Pregnancy then Quit during Pregnancy, 2008



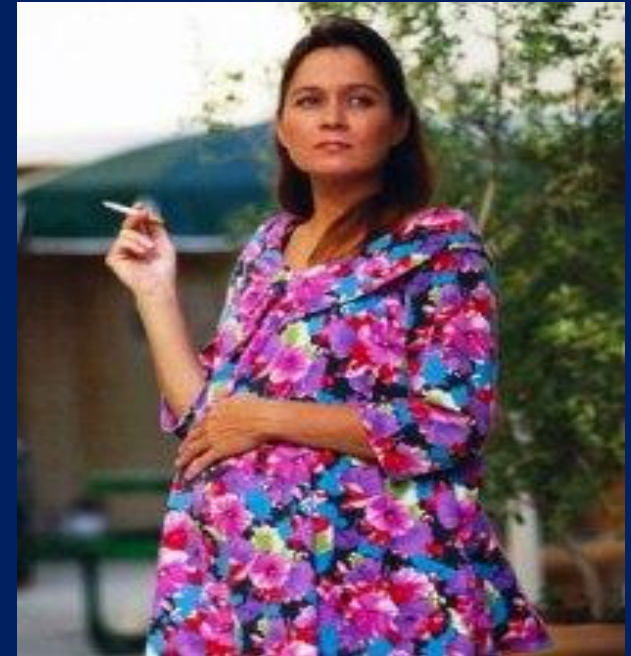
<http://www.cdc.gov/prams/TobaccoandPrarms.htm>

PA = 45%

Geisinger Health System



- 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?

Contact Information

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