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Incentivised Smoking Cessation Interventions for Pregnant Women: Differential Perspectives of a County-based Pilot Programme in England

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Background

- Smoking is primary cause of preventable morbidity and premature death in the UK (Department of Health, 2010):
 - annual cost of tobacco use to UK ~£13.74 billion
 - rate of smoking among adults in Northamptonshire was 20.9% in 2011/12 equates to an adult smoking population of approximately 144,607 people
- Smoking rate at time of delivery higher in the county of Northamptonshire (16%) compared to national average (13.2%) in 2011/12 (ONS, 2010):
 - ~1,481 births by women who smoke
- Incentivised smoking cessation schemes used to reduce smoking rates among pregnant women:
 - smoking cessation interventions account for ~6% increase in late-pregnancy abstinence rates compared to control interventions; only those that contained an incentivised component showed a significantly larger effect (RR 0.76, 95% CI 0.71 to 0.81) (Lumley et al., 2009)

Project Aims

- The incentivised smoking cessation intervention in Northamptonshire aimed to evaluate the feasibility of an incentive programme assessed by:
 - uptake of stop smoking services;
 - number of women who set a quit date;
 - Effectiveness of reducing smoking following referral to stop smoking services (i.e. 4 weeks after quit date);
 - effectiveness to reduce smoking status at time of delivery

- The pre-intervention consultation aimed to:
 - Acquire women's, service providers' and parents' perspectives on the appropriateness and potential effectiveness of an incentivised smoking cessation intervention for women who smoked during pregnancy
 - Inform processes and procedures of the pilot intervention based on lived experiences of women from different backgrounds

Methods

- Focus Groups with Parents and Service Providers (approximately 5 participant per focus group)
 - Midwives (N=2)
 - Parents (N=1)
 - NHS Stop Smoking Service (N=1)

- In-depth Interviews with Women who Smoke
 - Low-SES (N=10)
 - High-SES (N=5)

Findings: Parents' Perspectives

- **Parent Group Meeting at Children's Centre in Small Town (Daventry)**
- When asked about the reaction of the media, should a stop smoking in pregnancy programme be initiated in local county (Northamptonshire), the group felt that there could be adverse press coverage.
- *"...all these government cuts... things we still need... and you're chucking money at something people should be doing themselves..."*

Findings: Midwife's Perspectives

- **Focus Group with Midwives**
- “The difficulty I see, I think with the group that we do want to stop smoking is they are fundamentally their motivation to quit isn't high – it's another appointment, it's getting somewhere else, maybe somewhere different they don't know, with somebody they don't know – they are bad enough some of these girls that, I know I am stereotyping, but there is a core group, you know the ones who are not attending routine appointments... you know it's just having another appointment... they can't be bothered.”

Findings: Women's Perspectives

▣ Smoking History

"I started smoking when I was quite young. About 12. I smoked quite constantly up until the point; I found I out I was pregnant. And then when he was three weeks he went into the hospital with violent gastroenteritis so he became really really poorly and he was in the hospital for about two weeks and so I wasn't eating. I wasn't sleeping and so I needed something to keep me going so I thought "Oh I will just have a few cigarettes just to keep me going" and I got hooked again. So now he's four months old and I've been smoking ever since."

Findings: Women's Perspectives

■ Smoking During Pregnancy

"I did smoke and obviously I felt bad. I tried to give up smoking and I cut down to about 5, which obviously to me were good, but I know that it wasn't good enough. I don't know whether it's to do with your head but it was just too hard to stop when you've done it for such a long time to stop completely and at the time as well we weren't offered like the nicotine patches and free on the NHS which I thought they would have helped. I've tried them now and they helped for a little while but they're still not good enough for me."

Findings: Women's Perspectives

▣ Reasons for Quitting

"I think you should quit smoking when you're pregnant because the baby can be born with defects and all that and it's not fair on the them because they could be addicted to nicotine and it's not fair on the child's life to put them into that risk, to be perfectly honest. It's not fair; do you know what I mean?"

Findings: Women's Perspectives

■ Difficulties Abstaining

“But, I would save loads of money when I was pregnant with him because I wasn't smoking and I could afford loads more stuff but now it's exactly the same because I'm buying cigarettes all the time. It's a lot. It's quite expensive and everything so like I would rather go without food then like I would buy my son's food and then I'm like I'll be all right. I will just have a few cans of soup and I'll just buy some cigarettes. Like that was what was going through my mind today because I was like I can't get cash out because my card's broken. I'm all right. I'll just get my pack of cigarettes. I'll be fine. I don't need food. Because that's what happens so people do prioritize it.”

Findings: Women's Perspectives

▣ Perspectives on Midwives

“They weren't really helpful. They just sit there and they say to you the risks and all that which personally yeah it did help me but I already knew in my head that it was wrong and not to do it. Do you know what I mean? I already knew that. But, for other people, I think they should be a little bit more helpful then offering advice and guidance throughout stopping smoking.”

Findings: Women's Perspectives

■ Smoking Cessation Incentives Programme

"I think it is acceptable because if you look in the long-term of what damage smoking could do cost wise or the effects on later life then the costs would weigh themselves out for what we give to people in incentives or whatever. But I don't think one incentive fits all. For some people it might be money. For some people it might be vouchers. For some people like I said it might be sorting out behaviours as to why they're smoking, which will be an incentive enough for you know but I do think incentives work. I just think you would need to have a pool of them and find out what one would make the one person quit."

Findings: Women's Perspectives

▣ Additional Supports

“Local groups. Like when you go to mums and baby groups and stuff like that when you're pregnant and maybe have one of the other mums try and like stop and having a good old chat. If they're doing well then they can sit and praise them. I think that would be quite nice. Someone to talk to about what they're doing. I think that would work. And maybe telephone helplines would help. Just somebody to talk to on the end of the phone. That would work quite well. Maybe someone could help if they're struggling a bit. Maybe someone could bring in a bit of support and encouragement to keep it up. That would probably be quite nice.”

Findings: Women's Perspectives

▣ Responsibility

“I think the government should pay for such a scheme. Definitely. If I was paying for it for somebody else that was pregnant and then maybe one day if I had another then it would be nice because then they would be paying it for me. So it's a both way thing really. Yeah so I think that's good because I wouldn't mind paying for someone else is pregnant, for their child.”

Findings: Women's Perspectives

▣ Incentives

"I think timescale wise, the incentives are given periodically throughout the process are good because rather than just say, here's 10, 15 quid for your quit date. If you actually do quit, we'll give you 20 quid. For some people, it might not be much of an incentive, but it helps and supports people all the way through so you've got smaller milestones to get through rather than a big long one. I think the amount needs to be enough to make an impact. I think depending on the person, depending on their background and sort of where they are. They're sort of demographic and things, you know. There are some people who are low-income. You know. 50 quid or whatever at a time is a lot of money. Whereas, for someone in a very high powered job, or whose got a lot of disposable income at the end of the month, that's neither here nor there. But, definitely the sort of periodic incentives that are executed on track; that the cost wise, I think would, I think it would depend on the type of people that you were talking to give up. I think the way the vouchers are spent should depend on the person."

Findings: Women's Perspectives

■ CO and Cotinine Testing

"A lot of people are very unfair these days. You couldn't trust someone's word if they said they had stopped smoking. Because, I think that a lot of people would try and get away with that, especially young mums that are kind of on benefits and you know the typical council estate people that want to get something for nothing. Don't get me wrong, I'm in a council house and I'm a single mum and I'm on benefits at the minute but I would hope that I'm a lot more honest than some of them. I do know a few friends that live in the area that would definitely give it a go if you didn't have to take a test to lie. So, I think it's definitely that you have to have some sort of test to prove that you had stopped. I would say that people should have the test every week. To me, if it was going to happen, I would probably, the midwife would have the or the doctor would or someone that could say you would have the voucher and they would perform the tests and you know when it was clear then they would give you the voucher."

Findings: Women's Perspectives

▣ Partners

“Well, it's obviously harder if someone else's partner is smoking. He should try to quit as well or you know like even like where I live, I don't smoke inside so if anyone came obviously they wouldn't smoke inside either because it's obviously just really hard or like really tempting to just have a fag. But that's down to themselves to say that. But when I was pregnant, I lived with people that smoked so. It was a bit harder.”

Findings: Women's Perspectives

▣ Stigma

"I think perhaps now people - there's like a stigma attached it. And perhaps the way the help is offered rather than being very judgmental because I think people might pretend that they don't smoke and things like that now. Whereas if it is less judgmental and more information, I think that would help."

Findings: Women's Perspectives

■ Stigma

“I think they need more education about the risks. Because I mean for me I do read the news and I do understand it but I think some people are a bit ignorant to it. Possibly due to their educational background or whatever because I actually live on a sort of a underprivileged estate though I own my own home. A lot of the people around me are in social housing and stuff and it's the sort of people that I see, heavily pregnant and puffing while they are doing the school run with the other children and I think it must be just a, well this sounds really archaic to say, a class thing, but I think it's a lack of information and I think they need it.”

Findings: Women's Perspectives

■ Women Refusing to Quit

“I don't think they should have the right to have children, personally. They're obviously not responsible enough looking after that child's health and safety to be smoking during a pregnancy. I think it's disgusting. I know a few people that do it and it angers me. I sit there and I think why are you having a child? Fair enough, I'm a young mum, but you see young mums that got about 2 or 3 kids and you still see them smoking during a pregnancy and their kids are fine. And then you see the others that are in hospitals with all the premature that were on life support that haven't smoked. Do you know what I mean?”

Findings: Women's Perspectives

■ Public Perceptions

"It's the media isn't it. They only see the worst of what's happening. So perhaps if a scheme like this could give some real stories and not just the extremes. You know the people that are really struggling go into details as to why and they're not just sensationalising. Perhaps they have just pictures of 15 old with a pregnant belly with a cigarette and that's all you ever see. Perhaps you never see those people in their 30s like me that work and try everything and don't succeed. Perhaps if they focused on more the mainstream cases."

Discussion

- **Complex issues** – including health, partners, stigma, and social/economic circumstances – make it difficult to get them to commit.
- **Metabolism** – harder for women who are pregnant to give up smoking – patches are not powerful enough.
- **Initial contact** is important - some midwives are less keen to suggest smoking cessation as seen as too stressful to undertake at an already stressful time.
- **Information / education** is important - some, particularly young mothers-to-be, do not see the benefits of giving up smoking – they are only concerned with the 'here and now' not what might happen in the future.
- **Incentives** – views vary. Most women and service providers believe they are acceptable, whilst there were some concerns regarding using rewards of any kind to encourage cessation of smoking.

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