



Exploring the attitude of midwives in smoking management during pregnancy

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Introduction

Given the well-documented adverse effects of smoking during pregnancy, efforts to reduce the prevalence of smoking among pregnant women are critically important.

As the usual providers of pregnancy care in the Netherlands, midwives could serve as effective counsellors to pregnant women about cigarette smoking.

The main aim of this study was to identify midwives' mastery and their practical intervention in smoking management during pregnancy.

Methodology and research tools:

This was a descriptive trans-sectional study conducted among midwives providing prenatal care services in several health establishments in Tunisia.

A self-completed, anonymous survey was used. 130 questionnaires were submitted, only 80 were correctly completed.

The first part allowed to identify the midwives' approach to managing a smoking woman.

The second part dealt with the midwives' perception of the role they play.

Results

-All the midwives acknowledged that asking women about smoking was part of their role as maternity care providers.

-Most midwives (87%) reported that they routinely assessed smoking behavior among pregnant women.

-Simple advice to cease smoking, emphasizing the potential benefits to mother and fetus, was given in 22.2%.

-49.9% of the midwives have used brief counseling associated with simple self-help materials to approach smoking cessation.

-Counseling based on psychosocial interventions such as cognitive behavior therapy and motivational interviewing was only offered in 20.3% of cases although proven to be more effective than usual care.

-34% of midwives have referred pregnant women to a tobacco treatment specialist.

-Concerning breastfeeding promotion, only 66% of the surveyed midwives have admitted encouraging smoking women to breastfeed their baby.

-Several barriers were identified: lack of time (37%); lack of knowledge (37%); lack of means (56%).

-Almost all midwives (93%) declared they had not received training in the management of smoking cessation in pregnant smokers during their initial studies. Most of them revealed they were highly motivated to benefit from such a training.

Discussion

Smoking management and cessation counseling is an intergal part of the midwives' role as maternity care providers [1,2]. Most of the surveyed midwives routinely assessed smoking behavior among their patients. However, systematic screening is not well implemented and the extent of counselling is usually very brief and minimal.

The American College of Obstetricians and Gynecologists established the 5 A's smoking cessation counseling method as a standard component of prenatal care[3].

We found that midwives were routinely practicing only two of the five steps of the 5 A's method: ask (87%), advise (7.1%). The advice consisted in brief counseling in 49.9% of cases.

Midwives were not very confident about the consequences of their actions in relation to smoking cessation and the environmental context and resources available to them.

Lack of trainging, lack of means as well as time constrains were cited as a major reason for not giving advice routinely in pregnancy[2].

Midwives need support and time to commit to smoking cessation, as well as to be able to raise the issue of smoking[4].

Conclusions

The management of smoking in pregnant women remains deficient. Midwives have insufficient information and expertise since they have not had any adequate training on this subject. The majority of midwives are not satisfied with their practical interventions.

Extensive, evidence-based, well-referenced guidelines for smoking cessation in pregnant women must be clearly established.

References

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