

9. REDUCING SMOKING AMONG MOTHERS: THE FACET PROGRAM

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It is a common refrain – the problem is obvious, but the solution is difficult. In both Canada and the United States it is estimated that between 20-30% of pregnant women smoke¹ and that, while half try to quit during their pregnancy, nearly all of them (70-90%) have resumed smoking by one year after giving birth.² It is then clear that an innovative approach to tobacco reduction could have a significant impact on the health of women and children.

The Families Controlling and Eliminating Tobacco (FACET) project found that one of the reasons standard smoking cessation programs don't work with pregnant women and new mothers is that they commonly fail to account for couple dynamics and routines – interactions embedded in the very nature of the women's relationships with their partners.³ The study also learned that, likely as a result of these issues, effective smoking cessation programs and interventions for pregnant and postpartum women are scarce.⁴

The KT challenge

Creating a program to help pregnant women and new mothers stop or reduce their smoking who, despite the evidence of the health benefits, have difficulty fighting their habit

The researchers thus decided to use their newfound knowledge about smoking-related couple dynamics to develop a new tobacco reduction (TR) resource for pregnant and post-partum women, a booklet called "Couples and Smoking: What You Need to Know".

A new approach to an old problem

Unlike standard smoking cessation resources for pregnant women, this new information booklet is unique in several ways. Firstly, it situates women's smoking and tobacco reduction in the context of realistic everyday interactions and relationships with intimate partners and helps women realize that smoking is both influenced by others and embedded in everyday routines. Secondly, the booklet takes a women-centred approach, addressing smoking in the context of women's lives and their relationships (rather than focusing on fetal health), and avoids stigmatizing women's smoking. Finally, a harm reduction approach guides the presentation of options to address tobacco use, and resources are provided for those who desire specific advice and assistance related to tobacco reduction (e.g., telephone support for smoking cessation).

The researchers determined that it is important for tobacco reduction support to be delivered individually to women and men, rather than in joint sessions, based on the potential for inter-couple conflict related to tobacco use. That said, in these individual sessions it is essential that couple dynamics and routines influencing tobacco be addressed.

A collaborative effort

Moving the booklet from a research product into practice was a collaborative effort. While the researchers provided the research evidence, collaborators knew better about the context in which the knowledge was to be translated into practice. Service providers knew more about how tobacco reduction programs work in practice and women smokers knew their own experiences and preferences.

The new booklet included vignettes based on the research participants' experiences, to present information about tobacco-related interaction patterns (TRIPs).

The researchers also designed a self-assessment tool that prompted women to reflect on their experiences related to smoking and tobacco reduction. Finally, drawing on the advice of clinician collaborators, the researchers developed suggestions about how to manage tensions related to tobacco use and enlist appropriate support from partners.

Many individuals helped to test "Couples and Smoking: What You Need to Know" in real-life situations. The BC Association of Pregnancy Outreach Programs (www.bcapop.ca) collaborated to pilot-test the booklet with 49 women smokers and 50 service providers in 11 communities throughout British Columbia. Their feedback, gathered through individual interviews and focus groups, helped to improve the usability of the booklet and the clarity of its messages. In addition, a sample of regional tobacco control experts, including ActNow BC Healthy Choices in Pregnancy, reviewed the booklet.

Knowledge translation activities

- *Moving results into practice*
- *Widespread dissemination and application of knowledge*
- *Engaging end-users in tool development*
- *Using knowledge brokers*
- *Adapting knowledge and interventions to promote uptake*

The women who participated in the testing said they found the information helpful in understanding their smoking patterns and partner interactions related to tobacco use. They also found the information provided them with new ways to think about the factors that influenced their smoking, and provided them with tools to support their tobacco reduction. They suggested that more specific information about how to respond to pressure to reduce or stop smoking be included. Health care providers agreed that the booklet was a valuable resource that provided new and useful information regarding the influence of relationships on smoking, and they provided suggestions for improving the presentation of the information. This feedback resulted in several changes to the booklet: the layout was improved, images were adapted to be more inclusive of women in different contexts, and in some places the language was made less academic.

How did it work?

Several factors helped to make the booklet successful. Partnerships proved critical in working with ActNow BC which provided a vehicle for future dissemination of the booklet much more quickly and effectively than would have been possible otherwise. The widespread consultation and testing of the booklet was also essential to its success. Not all experts agreed with the women-centred harm reduction approach taken in the booklet, but as they participated in the review of the booklet and realized it was able to address their concerns, the potential for the booklet's use in practice was enhanced.

Extending the reach

The researchers are working with their collaborators to continue to increase use of the “Couples and Smoking” booklet and to develop different approaches for both the booklet’s implementation and evaluation. The team has also worked together to obtain additional funding to continue their knowledge translation efforts. This funding will support a variety of strategies to increase the booklet’s use including workshops for health providers to help them integrate the booklet in their practice with pregnant women and new mothers who smoke, as well the incorporation of the booklet and its approach into other resources, such as “quit lines”.

This work is also being closely monitored by health promotion specialists interested in influencing women’s alcohol use during pregnancy, as women who have been unable to stop drinking while pregnant indicate they often face the same partner-related challenges as women who smoke.

While the booklet has been an important first step in translating research findings into a new approach to support smoking reduction, a full evaluation of this new resource is required. Involving government policy-makers, health system planners, health care workers and target audiences was essential to this process of translating research evidence into practice, and will be critical as the evaluation of this approach moves forward.

Impact

- *New, effective approach to support smoking reduction in pregnant women and new mothers*
- *Booklet integrated into practice by health providers*
- *Further grant funding to continue KT activities and evaluation*

Notes

- ¹ Coleman, G., and T. Joyce (2003). “Trends in Smoking Before, During, and After Pregnancy in Ten States.” *American Journal of Preventive Medicine* 24:29-35.
- ² Klesges, R.C., K.C. Johnson, K.D. Ward, and M. Barnard (2001). “Smoking Cessation in Pregnant Women.” *Obstetrics and Gynecological Clinics of North America* 28:269-282.
- ³ Bottorff, J., et al. (2005). “Unravelling Smoking Ties: How Tobacco Use is Embedded in Couple Interactions.” *Research in Nursing & Health* 28:316-328.
- ⁴ Greaves, L., et al. (2005). *Expecting to Quit: Best Practices in Smoking Cessation During Pregnancy*. British Columbia Centre of Excellence for Women’s Health: Vancouver, BC.