Preventing Return to Smoking Postpartum (PReS Study)
An Evidence Based Complex Intervention for Relapse Prevention

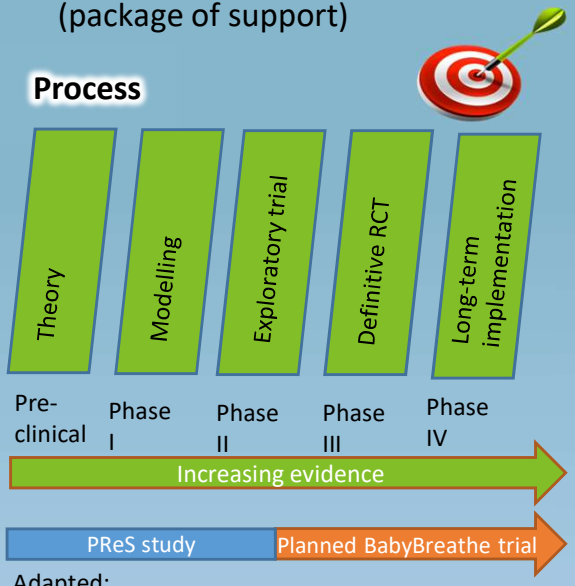
Thank you to all who have helped us successfully complete the PReS study! (April 2017-March 2019). We are currently applying for further funding for a full trial: the BabyBreathe™ trial.

Our developed BabyBreathe™ logo

Background

- Risk of return to smoking after birth of a baby (postpartum smoking relapse) is high (1, 2)
- There is no routine support for relapse prevention (3)
- The cost of returning to smoking after pregnancy is high (4)
- There are no recommended interventions for preventing smoking relapse after birth (3)
- There is an urgent need to develop an effective intervention (package of support)

Process



Adapted:
P. Craig, *et al*. **Developing and Evaluating Complex Interventions : the new Medical Research Council guidance** - BMJ, 337 (2008), a1655

Methods

Phase 1: Systematic review of RCTs (randomised controlled trials) of postpartum relapse prevention/ maintenance of smoking cessation following pregnancy to identify potentially effective behaviour change techniques (BCTs) as promising 'active ingredients' of an intervention.
Phase 2: Qualitative intervention development with pregnant and post-partum women, partners and health professionals via focus groups and interviews.
Phase 3: The intervention was refined and developed with individual postpartum women using a person-based approach.

RESULTS

PHASE 1-BCT REVIEW:

- 32 RCT studies were included in the review.
- 45 behaviour change techniques (BCTs) were coded.
- Analysis of frequency and saliency resulted in a list of 6 most promising BCTs associated with long-term effectiveness.
- BCTS were: 'problem solving', 'information about health consequences', 'information about social and environmental consequences', 'social support', 'reduce negative emotions', and 'instruction on how to perform a behaviour'.

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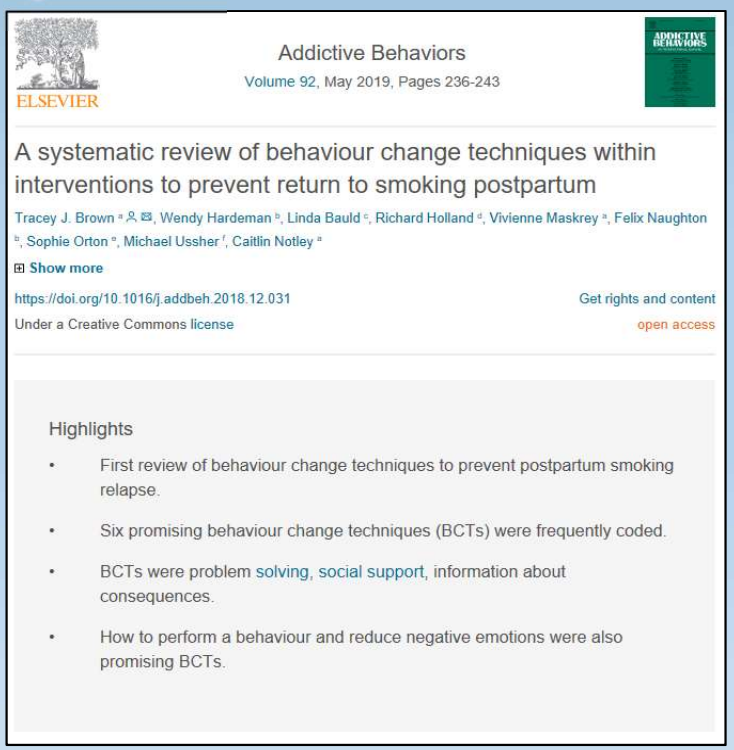

ELSEVIER

Addictive Behaviors
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A systematic review of behaviour change techniques within interventions to prevent return to smoking postpartum

Tracey J. Brown, Wendy Hardeman, Linda Bauld, Richard Holland, Vivienne Maskrey, Felix Naughton, Sophie Orton, Michael Ussher, Caitlin Notley

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https://doi.org/10.1016/j.addbeh.2018.12.031

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Highlights

- First review of behaviour change techniques to prevent postpartum smoking relapse.
- Six promising behaviour change techniques (BCTs) were frequently coded.
- BCTs were problem solving, social support, information about consequences.
- How to perform a behaviour and reduce negative emotions were also promising BCTs.

http://openaccess.sgul.ac.uk/110498/16/1-s2.0-S0306460318313248-main.pdf

PHASE 2 - FOCUS GROUPS AND INTERVIEWS:

Midwives and Health Visitors were suggested as credible sources for introducing the intervention. A tailored approach to information giving in pregnancy and into the postpartum period, including partner/social support, was important. Objective evidence-based advice on medication for relapse prevention, including the use of e-cigarettes is needed.

	Interviewees completed	Online/email feedback
Postpartum relapsers	7	2
Postpartum ex-smokers	16	6
Pregnant relapsers	5	0
Pregnant ex-smokers	9	4
Partners	7	2
Did not specify	0	4
Health professionals	12	0
	56	18
TOTAL		74

The BabyBreathe™ leaflet

"it's informing the mum of, you know, all the benefits for you and the baby. The same that the dad or partner or whoever would… they need that understanding as well but I think coming from a different angle. Because this is more of a nurturing angle which I think you need becoming a new mum"

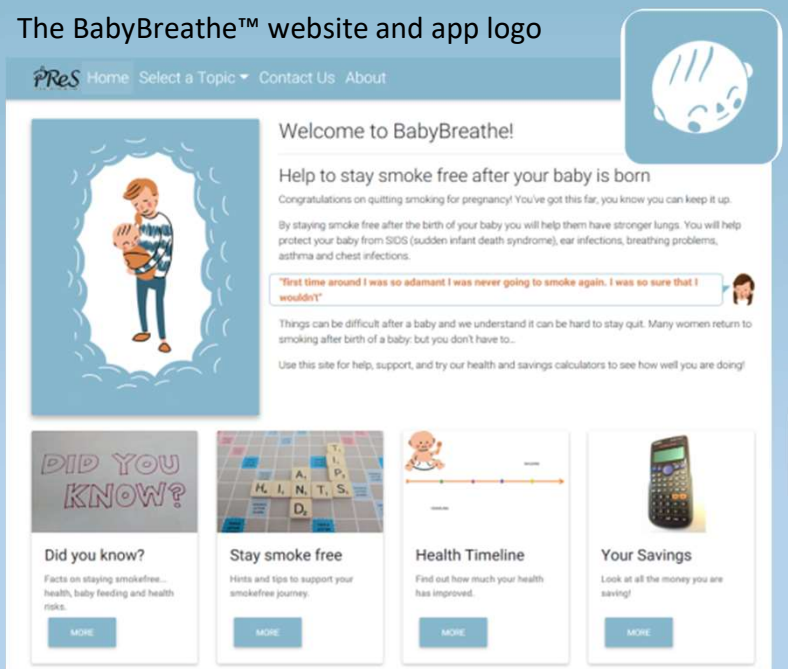
"different information relevant to different people"

"I know that e-cigarettes are out there but I wouldn't have been able to tell you a lot about them or if I could have gone to e-cigarettes instead of just quitting cold turkey and sitting shaking in a living room"

PHASE 3 – PERSON-BASED INTERVENTION DEVELOPMENT:

Detailed feedback supporting the use of a tailored text message system postpartum, linked to a website or app with health information that could be tailored to individual needs and provided access to social and partner support. A 'gift' pack, including self-incentives was also supported. Participants desired the support package to be positively framed, and be reiterated by Health Visitors.

The BabyBreathe™ website and app logo



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