PREVENTING RETURN TO SMOKING POSTPARTUM (PReS STUDY)
AN EVIDENCE BASED COMPLEX INTERVENTION FOR RELAPSE PREVENTION

BACKGROUND
• Risk of postpartum smoking relapse is high (1, 2)
• No routine support for relapse prevention (3)
• Cost of returning to smoking after pregnancy is high (3)
• No recommended interventions for preventing postpartum smoking relapse (4)
• Urgent need for intervention development

METHODS

Phase 1: Systematic review of RCTs of postpartum relapse prevention / maintenance of smoking cessation following pregnancy to identify potentially effective behaviour change techniques (BCTs) as promising intervention components.

Phase 2: Qualitative intervention development with pregnant and post-partum women, partners and health professionals via focus groups and interviews.

Phase 3: The prototype intervention was refined and developed with individual postpartum women using a person-based approach.

Funding: Medical Research Council Public Health Intervention Development funding (PHIND grant ref: MR/P016944/1)

REFERENCES


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PHASE 1
BCT REVIEW:
32 RCTs were included in the review. 45 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, Social support, information about health and social consequences, how to perform the behaviour and reducing negative emotions.

PHASE 2
FOCUS GROUPS AND INTERVIEWS:
Midwives were suggested as credible sources for introducing the intervention. A tailored approach to information giving throughout pregnancy and into the postpartum period, including partner support, was important. Objective evidence-based advice on medication for relapse prevention, including the use of e-cigarettes is needed.

PHASE 3
PERSON CENTRED INTERVENTION DEVELOPMENT:
Detailed feedback supporting the use of a tailored text message support system postpartum, linked to a website or app with health information that could be tailored to individual needs and provided access to social support. Support for partners, reiterated by health visitors.

CONCLUSIONS
BabyBreathe™ defined intervention pathway

The intervention was refined and developed with individual postpartum women using a person-based approach.