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Smokefree Pregnancy Toolkit

Evaluation Research

DEBRIEF NOTES

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A. BACKGROUND AND OBJECTIVES

1. **Project background**

- Department of Health (DH) launched a toolkit for midwives and other health professionals at the beginning of 2009 to help them talk to pregnant women who smoke about how to stop

- 229 toolkits were originally distributed via a mailing to Local Stop Smoking Service (LSSS) co-ordinators and other LSSS professionals with a specialist pregnancy role

- midwives were alerted to the toolkit by a letter from DH, inserts in the British Journal of Midwifery and the Royal College of Midwives magazine, and via leaflets distributed at the annual midwives conference; they had to order their own toolkits via a coupon or telephone hotline number

- users of the toolkit can re-order it in its entirety or re-order any of the individual items it contains

- indications are that the toolkit has been well received, and items intended for both clients and professionals have been re-ordered in large numbers

- this has prompted questions about how the toolkit is being used, how many need to be produced and what they are made of; DH also needs to understand which items are of greatest value to midwives, how items are used, and which should be prioritised

- research among midwives and stop smoking service professionals is required to review the toolkit: to explore how it is perceived and used, why any or all of the items it contains are re-ordered, and how the re-ordering process works

2. Research objectives

- the main objectives of this project were to explore…
  - health professionals' initial expectations of the toolkit in relation to content, tone, targeting
  - the degree to which it met their expectations
  - overall impressions of the toolkit
  - clarity of the copy and need (if any) to revise copy
  - perceptions of each item in the toolkit – format communication, accessibility, ease of use, appeal, value
  - comparison of items – which work well and which less so
  - views on the folder, and whether use of a different material would this compromise the toolkit in any way
- the research also looked at behaviour around ordering the toolkit or re-ordering it or items from it…
  - who makes the orders and whether this is the same person as the user(s)
  - how often orders are made and what prompts orders
  - any relationship between the ordering process and health professionals' use of and attitudes towards the toolkit
- finally, it was intended to explore the views of those who are aware of the toolkit and not using it…
  - the obstacles to using it
  - what they think of the toolkit
  - what, if anything, would make them want to use it

B. METHOD AND SAMPLE

1. Methodology

- fieldwork comprised three types of interview…
  - 100 short (5 minute) telephone interviews with midwives and stop smoking advisors who had ordered the toolkit, to explore ordering behaviour
  - 24 in-depth (up to one hour) interviews with midwives and SSAs who used the toolkit, recruited from among the telephone respondents, to explore use and perceptions of the toolkit
  - 8 in-depth interviews with midwives who were aware of the toolkit but were not using it

2. Sample

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- the 100 telephone interviews covered a variety of respondent types…
  - 75 respondents:
    - ~ community midwives
    - ~ stop smoking specialist midwives
    - ~ student midwives
    - ~ practice nurses
    - ~ health visitors
    - ~ practice administrators
  - 25 respondents:
    - ~ stop smoking advisors
    - ~ stop smoking service coordinators
    - ~ stop smoking service administrators

- the original intention had been to recruit 24 midwife users and 8 SSA users from among the telephone contacts

- however, despite a high number of midwives making initial orders, midwives who had used the toolkit appeared to be relatively few in number

- the in-depth sample therefore involved…

  - 12 midwives who were using the toolkit with clients – 5 were community midwives, 7 were midwives who had trained as stop smoking specialists

  - 12 stop smoking specialists who were using the toolkit with clients or as a tool for training midwives

  - 8 midwives who were aware of the toolkit but had not used it

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C. MAIN FINDINGS

1. Contact with pregnant smokers

- the frequency with which respondents came into contact with pregnant smokers varied considerably

- many community midwives in the telephone sample said they saw very few; they often said that they kept their toolkit for reference, rather than taking it out with them on visits and using it in a more active way

- community midwives in the in-depth sample saw pregnant smokers more often, particularly those in deprived areas, where up to one in four clients were said to be smokers

- 'generalist' stop smoking advisors in the telephone sample seldom saw pregnant smokers, who were referred to pregnancy specialists as described below; again, this was often given as a reason for not using the toolkit

- specialists (stop smoking midwives and pregnancy specialist advisors) inevitably saw many more pregnant smokers than anyone else in the sample

- but a number said they did not see *that* many, running perhaps one clinic a week to cover their whole PCT, Trust or local area

- of course, these numbers may be suppressed…

    - pregnant smokers may not admit to midwives that they smoke (and not everyone uses a carbon monoxide tester to check)

    - specialists were sure that many midwives do not reliably refer pregnant smokers to them (see below)

- but they have a bearing on respondents' experience of the toolkit and their preparedness to build it into their routine

2. The referral process

- the 'rules' governing who should talk in depth to pregnant women about stopping smoking seemed to vary a little by location
- but the following basic pattern seemed widespread (in theory at least)…
  - community midwives are the first to see pregnant smokers, and at the booking appointment ask numerous questions about their health and lifestyle (including a standard question about smoking)
  - some have no smoking cessation training, others have attained Level 1; either way, they are expected to log the answer and refer clients who say they smoke to the Level 2-trained local stop smoking specialist midwife or pregnancy specialist SSA; this is often the extent of their discussion (although a few take it further)
  - the specialist midwife or SSA then takes on the discussion about smoking, while the community midwife handles all the other aspects of pregnancy
- alternatively, if generalist SSAs see pregnant smokers first, they refer them to specialist midwives or SSAs
- either way, self-referral on the part of pregnant smokers was negligible
- and in fact, the pregnancy specialist SSA often was a midwife herself, so these two roles were combined
- thus it seemed rare for a community midwife to have (or want to have) protracted discussions with clients about stopping smoking
- and specialist midwives did not feel it was the place of community midwives to do so because they did not have Level 2 training

- referral to a specialist ideally takes place as early in the pregnancy as possible, but since the onus is on the client to attend….
    - they do not always see the urgency or want or feel able to quit in early pregnancy
    - so midwives and specialists have to keep mentioning the stop smoking services and persuade them to attend whenever they are ready
- and since the need to quit is more urgent for a pregnant smoker than for other smokers, the former are given priority and moved to the front of the queue as soon as they are referred
- in practice, however, it was clear from specialists that a fairly small proportion of community midwives refer reliably, and that many of those who do not are…
    - wary about bringing up smoking because they do not want to endanger their relationship with the client
    - not inclined to see smoking as a priority – there are a large number of issues which have to be addressed in a short period of time, and many other behaviours which are seen as more serious
    - uncomfortable discussing smoking because they are smokers themselves
- and as if to back this up, the in-depth sample did not include many community midwives, as few of those who had ordered a toolkit were actually using it (see below)
- many of the specialists ran training sessions for community midwives in their area; the basic thrust of these was generally to…
    - persuade them that smoking needs to be addressed, and that all they have to do is to ask the question and refer to the specialist – often using the Ask, Advise, Act model

  - give them some facts, arguments and materials to use to persuade clients that they should see a specialist (usually facts about what smoking does to the unborn baby) and tips on how to approach the conversation

  - strike up a relationship with them, on the grounds that they would be more likely to refer if they knew the person they were referring to

- take-up of these training sessions was often said to be sporadic, if not low; overall, specialists clearly felt that some midwives take smoking seriously and others do not

- these points, combined with respondents' views on the presentation, targeting and purpose of the toolkit, and the way in which items need to be reordered, have a significant influence on the way in which it has been received and used by different types of health professional

3. Discussing smoking

3.1 Community midwives

- midwives see many types of pregnant smokers, most of whom know that smoking during pregnancy is bad, but who vary by…

  - awareness and understanding of the risks

  - desire to quit now, later or at all

  - pressures and barriers elsewhere in their lives

- their role is threefold…

  - to ask about smoking, and record the answer

  - to tell the client about the local pregnancy stop smoking service, and ask if she wants to attend

  - if necessary, to follow this by persuading the client to see a pregnancy stop smoking specialist

- this needs to be achieved quickly, as there are many other issues to address and appointments are short

- the midwives in the in-depth sample had few difficulties with the first two requirements…

  - the question is standard, and one of many asked at the booking appointment

  - pregnant smokers are usually expecting the question anyway

  - simply telling clients about services is not daunting

- this was backed up by specialists, who thought that most midwives have few concerns about asking and referring

- the question and referral seemed to be handled by these midwives in a matter-of-fact way, with little preamble or fuss

- although two described using a carbon monoxide monitor on all their clients, and asking those with a positive result whether they smoked, as a way into this discussion

- greater difficulties were said to arise with the third requirement…

  - this takes more time, requires more knowledge about the risks, and often needs active persuasion

  - the concerns outlined above meant that many midwives apparently do not press the point – they tell the client about the stop smoking service, but do not go into detail about it or the reasons why she should quit

- the community midwives in this sample almost by definition appreciated the importance of discussing smoking in this way – if they did not, they would not be using the toolkit at all

- but reports from across the sample suggested that many midwives are uncomfortable doing this

- and as discussed below it seemed that many are not using the toolkit at least partly because it does not address their concerns or seem to offer help with the type of intervention they need to make

3.2 Specialists

- specialists liked to see their clients about once a week while a quitting attempt was in progress

- no specialist (midwife or SSA) felt uncomfortable about discussing smoking – they were trained and experienced, and felt they knew how to approach the subject depending on the type of person they were seeing

- although they saw a variety of types of pregnant smoker, most of their clients had two things in common…

    - they were sufficiently engaged with the idea of quitting to turn up:

        ~ most said that pregnant smokers who do not want to quit often agree to the referral but do not turn up for the session

        ~ although some agree to the referral to deflect further questioning from the community midwife, and turn up because they feel they ought to

    - but they were not sufficiently engaged to have been motivated by their pregnancy to quit themselves

- in some senses, for specialists who saw all types of smoker, this made them harder cases than other smokers attending services…

    - pregnancy, a powerful motivator in itself, had not been enough

    - the situation is more urgent – they need to quit within months if it is to make a difference to the baby

  - and there are physiological barriers to quitting during pregnancy – stress, hormones, stronger cravings etc

- but pregnancy also gave specialists a number of arguments and facts to call on (in addition to benefits to the mother) which were often said to be motivating; in particular…

  - impact on the baby's development

  - emotional argument that you are harming your own baby

  - smoking means the baby will be born addicted to nicotine, and will have withdrawal symptoms in the early months, and will cry a lot

- and most had a range of visual resources to back up these points – cigarettes in babies' bottles, 'womb of doom' (from GASP)

- specialists tended to be matter-of-fact when discussing smoking and quitting…

  - *if you want to quit, I'm here to help*

  - *these are the reasons why you might want to quit*

  - *this is what I can do to help you*

  - *but it's your decision – I'm not going to force you to do anything*

- and most avoided giving hard-hitting facts unless the client asked for them, or unless nothing else was motivating the client to quit

- they all felt that the earlier in the pregnancy they could see a smoker, the better

- but they acknowledged that now is not always the best time to quit, and that quitting later in the pregnancy is better than not quitting at all

- all stressed the importance of quitting, as opposed to cutting down which was not seen as enough
- indeed, a number said they sometimes had strongly to challenge clients' beliefs that smoking one or two cigarettes a day is essentially harmless

3.3 Materials used

- in addition to the GASP resources mentioned, a range of materials were being used by specialists with their clients; in particular…
  - S for Smoking, P for Pregnancy etc booklets
  - Health & Wealth wheel from the Quit Kit
  - locally produced booklets and posters
  - Mums' and Partners' booklets from the toolkit
  - posters from the toolkit
  - a number of other booklets: *News for Dads*, *Secondhand Smoke Kills*, information on NRT
- community midwives in the sample tended to use the flashcards and booklets from the toolkit

4. Ordering and reordering the toolkit

4.1 Midwives etc

- of the 75 midwives, nurses, health visitors and practice administrators, 68 had ordered a toolkit for themselves or had it ordered for them; 7 had ordered one for someone else
- those who had ordered their own copy had generally done so after…
  - seeing it promoted somewhere – many struggled to remember where, but the RCM journal and direct marketing letters seemed common

  - or being shown it by a stop smoking advisor at a training session (or told to order it in advance)

- their reasons for ordering a toolkit varied…
  - curiosity
  - a feeling that 'I ought to have this'
  - wanting to use it for study or a dissertation (student midwives)
  - being told to order one by a superior or trainer
  - a genuine expectation that it would be useful, and real appreciation of the need to help pregnant smokers to quit quickly

- few seemed to have any firm expectations of what the toolkit would contain – almost all who decided to order it for themselves did so because it was available and looked interesting

- and it is worth noting that the term 'toolkit' was confusing for some who initially thought of tools such as carbon monoxide monitors

- their experience of ordering varied too…
  - some reported no problems – they called the order number and a toolkit arrived promptly
  - others reported delays in receiving the toolkit
  - and a number said their toolkit had not arrived at all, and that they had not followed this up

- of these respondents, one had tried to order more toolkits for colleagues to use, but was told that midwives have to phone up themselves to order their own copies

- a small number had reordered items from the toolkit by telephone or online, either for themselves or for colleagues…
    - mostly the Mums and Partners booklets
    - but also flashcards and Q&A booklets in some cases
- others appeared to have obtained the booklets through other channels (a general DH ordering service?) – some had large boxes of them, and used them liberally
- many liked the DVD (or the idea of it) very much, and had tried to order copies to give to their clients, but were told that the clients need to order copies for themselves
- one or two had found the same is true of the calendar and fridge magnet
- finally, a large number of these respondents were unsure how to reorder individual items, or unaware that they could
- all this had generated a large amount of frustration around ordering and reordering, and had contributed to confusion about how the toolkit should be used (see below)
- some respondents the telephone sample had received a toolkit but did not remember ordering or requesting one
- in these cases a specialist may have ordered one in their name, this being the only way specialists could access multiple copies

4.2 Stop smoking specialists

- all 25 telephone respondents had received a toolkit without ordering it
- although some had heard about it before receiving it, and ordered their own copy – they ended up with two
- reordering depended on what they used the toolkit for...
    - most used it when training midwives and others

  - a few used it when talking to pregnant smokers themselves, usually in addition to training
  - a few had not used it at all (usually because they were already using and liked their own materials)

- some of those who trained midwives had tried to reorder toolkits in bulk, to hand out – they had been told that the midwives would need to order their own copies, and suspected they would not do this
- most regularly ordered large numbers of Mums and Partners booklets (up to 500 a month), either to give to clients or to distribute among midwives
- many also ordered smaller numbers of Q&A booklets for midwives (perhaps 20 at a time), and some flash cards for use in training
- a number had tried to order the fridge magnet and scan wallet, but found these were unavailable (see above)
- as with the midwives, there was a certain amount of frustration around what were seen as inflexible and ineffective ordering systems – online and telephone – and some had simply given up

5. **Using the toolkit**

5.1 What constitutes using?

- one confusion around whether respondents had ordered or were using the toolkit is the fact that the Mums' and Partners' booklets seem to be available separately
- most in-depth respondents seemed to have access to many copies of these booklets which they gave away fairly liberally (and liked – see below)
- but very few were using them as part of a toolkit – rather they were seen as standalone booklets

- and as discussed below, the place of the booklets in the toolkit was ambiguous and confusing for many because there was only one copy and reordering instructions were not clear

- this being the case, we have to make a distinction between…

  - 'using the toolkit' – i.e. going through the toolkit and using and reordering items from it

  - using items from the toolkit without reference to the toolkit itself if they are available separately

5.2 Midwives

- for a number of reasons, few of the midwives interviewed by telephone had used the toolkit they had ordered; most commonly…

  - they had not seen any pregnant smokers since ordering it (and often said they saw very few anyway)

  - they did not want to spend much time talking about smoking – they had numerous other issues to discuss and simply wanted to cover the point and refer on to a specialist – and the toolkit looked as though it would require greater input than they were prepared to give (see below)

  - they had material that they already used and were happy with (see above)

  - they were put off by the presentation and apparent targeting and purpose of the toolkit (see below)

  - their toolkit had not arrived

- thus, despite the large numbers of toolkits ordered by midwives, it seemed that few were being used with pregnant smokers

5.3 Stop smoking advisors

- most the SSAs interviewed by telephone used the toolkit while training midwives in how to talk to clients about smoking
- only a few did not, usually because they already had other local or self-developed resources they were happy with
- but few of the 25 were using the toolkits when talking to pregnant smokers, for one of two reasons…
  - some did not see pregnant smokers
  - more commonly:
    - they were experienced and comfortable discussing smoking with their clients
    - they felt that the items in the toolkit are too basic and lacking in detail to tell them anything they did not know already
    - and they could not see what improvement they offered over their existing approach and resources
- a number had developed their own resources which they felt were tailored to their clientele and which gave local contacts and services
- they sometimes felt that the 'generic' toolkit is inferior to what they had created for themselves
- although some were using the folder to carry a variety of other materials related to smoking in pregnancy

6. Response to the toolkit

6.1 Overview

- one of the most significant (and perhaps unexpected) findings of this research is the disparity between the frequency with which the toolkit has been ordered and infrequency with which it appears to be used with pregnant smokers

- in short, there are three ways in which the toolkit might be used…
  - by community midwives when or in preparation for talking to pregnant smokers
  - by specialists when to talking pregnant smokers
  - by specialists when training community midwives
- as noted, it seems to be fairly widely used in the third way, but not in the first two
- the reasons for this seem fairly clear – although conclusions about non-specialist community midwives have had to be partially drawn from elsewhere in the sample as not many were included
- lack of use is *not* due to response to the items in the toolkit themselves – many of these were well received, and some were being used regularly
- rather, it seems largely to be a result of the way in which the toolkit is presented, and resulting confusion over its target and intention
- on the basis of the telephone interviews, recently qualified midwives (up to 2 years ago) seemed more likely to be positive about the toolkit than more experienced midwives
- this seems to us to be not so much because their need for it is greater, but because they take the issue of smoking in pregnancy more seriously (perhaps because they have been schooled in current thinking more recently, and are less 'set in their ways')
- but even so, few of these midwives were using the toolkit, either because they had not had an opportunity or because of the presentational issues discussed below

6.2 Presentational barriers

6.2.1 *The fact that it is a toolkit*

- grouping the individual items together as a toolkit suggested to many that they should be kept together and used in combination
- this assumption was confirmed for some by the title – 'Everything you need to help pregnant women stop smoking' – which suggested that you need everything in it
- and the folder's build quality and design make it seem like something that is intended to keep its contents together
- most community midwives did not think they saw pregnant smokers frequently or predictably enough to carry something of this size and bulk around with them – although most liked the build quality of the folder; their bags were full already
- and for specialists, the A4 format made it more likely to be put on a shelf and referred to if necessary than actively used
- a few specialists who had put together their own resources over time reacted against the perceived inflexibility of the toolkit and the idea that it represents a 'one-stop' solution to smoking in pregnancy
- moreover, the size and quality of the toolkit, and the number of items it contains, was expected by some specialists to be daunting for community midwives, suggesting that discussing smoking is a difficult and time-consuming task and confirming their existing concerns about this
- some specialists felt that the toolkit does not include anything which acknowledges that community midwives might find talking about smoking difficult, and that it is not particularly reassuring on this point

6.2.2 *The title*

- in addition to suggesting that the contents need to be kept together, the title had negative associations for many respondents

- it suggested to some non-specialists that they were not the toolkit's target audience…

    - their contribution to helping smokers to quit was mainly restricted to raising the question and referring on to a specialist

    - but the title suggested that whoever used the toolkit would be the smoker's main source of support and motivation – a role they did not want or feel they should have

- on the other hand, a number of specialists felt the title overclaims, since the toolkit did not offer them everything they need – and indeed the idea that a toolkit like this could ever offer a one-stop solution to a challenge like quitting smoking undermined its credibility in their eyes

- this seemed to make them less well disposed to using the toolkit in preference to the resources and materials they had developed and tested over time

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6.2.3 *The division and presentation of material*

- the way in which the items were arranged in the toolkit (and the ease with which they could get out of order) often made it seem that the toolkit is intended for use by professionals alone, not clients

- in particular, this was because…

    - there is only one copy of each item, and no obvious instruction about reordering items so that they can be given out

    - the 'for you' and 'for mums-to-be' signs on either side were frequently not noticed

- on top of this, items fell out of the folder easily, and were not necessarily put back in the right place (especially if the folder has been passed between colleagues), so the division was lost

- as a result, many respondents were unsure how the toolkit is meant to be used; in particular…

  - there was nothing that they could obviously give away

  - and the fact that there was only one copy of everything suggested that many of the items are intended to be used during an appointment

6.2.4 *The instructions*

- the toolkit's instruction card was overlooked by many respondents, and often gave an incorrect impression of how to use the toolkit to those who did look at it

- the title 'Training Guide' immediately suggested that the toolkit is intended for use in training sessions, rather than with clients

- and in the opinion of specialists, the opening sentence is likely to put community midwives off – by talking about motivating, supporting, encouraging pregnant smokers to quit it suggests that they will need to do much more than refer

- in fact, the AAA process and the chart explaining it was well liked, as was the link to the flash cards and booklets (see below)

- although the omission of the other items from this guide did leave some with questions as to how they should be used

- and some assumed that the other items (fridge magnet, calendar etc) would be given our by the stop smoking services, so they did not need to bother with these

6.2.5 *The ordering process*

- many respondents (telephone and in-depth) had been frustrated and/or confused by the ordering process, or unaware that items could be reordered
- this had put many off using the toolkit altogether, and contributed to uncertainty around how it should be used among others
- there were three types of reordering issue
- first, the references to reordering (on the Training Guide and on the back of the folder) were missed by some, or ignored because they referred to the standard NHS Pregnancy Smoking Helpline number which respondents recognised and assumed was for clients, not themselves
- thus it was not clear to some that they could reorder anything, so they felt unable to give anything away
- second, while the booklets had been fairly easy to order in large numbers, many respondents were surprised that they could not order DVDs, calendars or fridge magnets in bulk to give to their clients
- a number thought these items would be useful and appreciated as 'freebies', but that clients would not order them for themselves, so they wanted to be able to give them out
- third, specialists who wanted to order multiple toolkits for training had found it very difficult to do so, often being told that midwives would have to order their own
- as with clients, they suspected that midwives would not do this themselves and thought the only reliable way to get them to midwives is to give them away at the training sessions
- finally, as noted above, a number of telephone respondents had ordered a toolkit and not received it in the first place

- all these barriers had made respondents frustrated, and more likely to lose patience with the toolkit and stick with what they were already using

6.2.6 *The combination of all this*

- as a result of all these presentational issues, most respondents were unsure exactly whom the toolkit is aimed at, and how it is intended to be used
- the few community midwives in the sample found aspects of it useful (see below)
- but, based on their comments and reports from specialists, as a whole it…
  - was too bulky to be of practical use
  - appeared to demand much more of them than they were prepared or supposed to give
  - did not clearly tell them how it was supposed to be used – what to give away, how to reorder this, what to use with clients etc
  - was not obviously aimed at them, since it did not seem to plug easily into their existing routine or clearly help them make the brief interventions they wanted to make
- so it seems likely to have been ignored by many of those who ordered it for themselves
- specialists often liked the toolkit from a training perspective – indeed, most thought this is its primary purpose
- in this context, they approved of its size and quality as this would suggest to trainees that smoking is something to take seriously
- and a number wanted to use the training sessions to show midwives how to use the items in it

- but they wanted to order it in bulk, so each trainee had a copy, and were frustrated by their inability to do so
- most specialists found it too basic for their own use with clients – their training and experience had told them everything that was in the toolkit and more
- so few were using it with their clients – although the flash cards were thought useful by some (see below)

6.3 Response to the toolkit items

- most of the toolkit items themselves were well received – as noted, it seemed to be the way that they were presented in the toolkit that put midwives in particular off

6.3.1 *Mums and Partners booklets*

- both booklets were well liked – although the Mums version was more familiar and widely used
- in fact, a number of respondents had not realised that the Partners booklet was indeed for partners…
    - the image is dark and similar to the Mums image; most had not looked at it carefully enough to realise that the hand is male
    - there is nothing in the title to suggest that this is a booklet for partners
- as a result, they seemed to have assumed that this is another booklet for Mums, and had clearly not read or used it
- midwives and specialists liked the content and tone of the Mums booklet – a mix of fact, heart-string tugging and empathy – and said that this is how they would speak to pregnant smokers themselves
- the title – 'Every cigarette harms your baby' – was liked by most, as it focussed on a message that they wanted to communicate: cutting down is not enough

- although one or two felt it might backfire by focussing so closely on the baby, leaving a stressed Mum feeling ‘what about me?’
- and one or two felt the image on the inside was not very relevant to their clientele – the woman is too old, and the books and turntable made her seem middle class
- some compared this leaflet favourably to the older *S is for Smoking* style leaflets – it is shorter, more to the point and more empathetic
- and, as noted, many were ordering and giving out this booklet independently of the toolkit
- almost all approved of the Partners booklet – including those who had not read it in advance
- it contains information which was often expected to be new for many people
- a number felt it important to encourage pregnant women to achieve smokefree homes, and understood that partners often nagged at them while refusing to quit themselves
- they thought that a booklet for partners would help to address this, and make conversations between Mums and partners easier
- it seemed especially valuable where partners did not attend the Mums’ appointments, and thus could not be reached directly
- for both booklets, some felt a space on the back for details of the local stop smoking service would be useful

6.3.2 *Flash cards*

- this was the second-most widely used item, and was generally valued and thought useful
- most specialists used them in their training sessions, to get the basic facts and arguments over to midwives

- some also used them with clients, as a way of backing up what they were saying rather than as 'crib sheets' (although others felt they were too basic to be useful to them)

- the midwives in the in-depth sample were also using the flash cards with their clients, and seemed to place greater emphasis on them as a 'crutch' to lean on and base a conversation around than the specialists

- although a number of specialists were sure that many midwives would not find the time necessary to use the cards – they seemed to go beyond brief intervention, and into discussion territory

- most of these respondents liked the flash cards' layout and level of detail – the flow chart on 'Why does every cigarette matter?' was a widespread favourite for being visual and covering a tricky question

- although some pointed out that low birth weight and premature birth (on 'What harm can be done?') were often seen as benefits, especially by teenagers, and that this needed to be challenged

- and they approved of the robustness and finish, which encouraged them to use them

- but a number felt the cards are too large, and would have preferred something smaller that fitted more easily into diaries to be carried around

- and some were a little confused about how the cards should be used – they seem to be addressing the smoker directly, so a few had left sets of cards with clients to look at and give back

- that said, the production quality of the cards, and the difficulties some had had in reordering them, made most assume that they should not be given out

6.3.3 *Fridge magnet*

- the fridge magnet was liked by most respondents, who felt that the combination of daily tips and motivating messages and the 'jolly-ness' of a fridge magnet would be effective
- the language and tone seemed entirely appropriate, and the messages themselves seemed well targeted and relevant
- but a number had tried to order these to give them to their clients, to be told that the client has to order them herself
- they felt that clients are unlikely to do this, and that in any case part of the attraction of the magnet is that it is a 'freebie' – and 'everyone likes a freebie'
- a few were less positive…
  - some tips were thought a bit 'middle class' – pedicures, alterations to a routine etc
  - clients who smoke in secret are unlikely to want to display the tips on their fridge – a booklet to go in their handbag might be more appealing for them

6.3.4 *Smokefree Pregnancy Support DVD*

- almost all respondents liked the idea of a DVD, and many expected it to be more engaging than print material, but few had watched it themselves
- some LSS advisors were working with their PCTs to have the DVD played on screens in appropriate locations
- as with the fridge magnet, they wanted to give DVDs to their clients – another freebie – but instead had to ask their clients to order one themselves and doubted that they would

6.3.5 *Q&A booklet*

- the Q&A booklet was well liked by midwives and specialists, and gave midwives in particular useful information and reassurance that they could answer the sorts of questions that smokers come up with

- it was well used by midwives in particular, and the content and format of the booklet were widely liked…

    - specialists felt the questions are the most common and relevant – the one about NRT was thought especially important, as there is apparently much confusion over this issue

    - the summary and longer answers meant the booklet could be used during an appointment if necessary, as well as background reading

- the way in which it was being used varied somewhat

- most thought it is written as though the client is meant to read it…

    - it has a colloquial style, even in the 'more information' sections

    - and some felt that any type of health professional would want more technical explanations than those provided

- as a result, a number had given copies to their clients – at least to read and return, and often to keep

- on the other hand, the instructions and amount of information made it seem more appropriate for midwives to use

- and trainers had found it useful in training sessions as a way of highlighting the most common questions smokers ask

- no respondent was using the Notes sections, and some thought these a waste of space

6.3.6 *Poster*

- almost all respondents liked the poster (see below for discussion of the tone and impact), and many had put copies up in their rooms or clinics, often laminated first

- one suggested including two posters in the folder, so that they could be put up in different places

- a couple complained that the folding left a white line across the middle, which was very obvious against the dark background

- a number had added their own local stop smoking service details to the poster, below the helpline number, and some suggested that a 'formal' place for these details could be provided at the bottom left-hand corner

6.3.7 *Calendar*

- views of the calendar were mixed – some liked it very much, others could not see how it should be used

- and there was some confusion about whether it is intended to be used in a health professional's office or distributed to clients

- almost all respondents liked the left-hand side depicting the weekly development of the baby

- they said that mothers like to see this, and that it is not available (in this convenient format) anywhere else

- although two queried the use of 'stethoscope' at weeks 27-29 – they pointed out that an ultrasound machine is used to 'play' the baby's heartbeat out loud, not a stethoscope

- and in weeks 37-40, two queried the claim that pregnancies continue to 43 weeks (women are induced if they reach 42 weeks), and another felt it should say full term is reached at 37 weeks, and a normal birth is possible any time after that

- the daily motivational messages were also widely liked – the tone and content seemed appropriate and relevant

- what was confusing for some was how the two sides relate to each other, since one covers 40 weeks and the other 4 weeks
- this was not a fatal problem, but some thought they would find it difficult to explain to their clients how to use it at home
- the real problem reported by many respondents was again with the ordering process – they could not order calendars to give to their clients to take away
- since the client needs to see the calendar every day for it to work properly, it would not be much use on a midwife's desk or in her bag
- this seriously undermined its effectiveness in the eyes of many, and many did not use it for this reason

6.3.8 *Training guide*

- as noted, the content on the 'training guide' side was well liked, when respondents had read it…
  - specialists recognised the AAA approach (although there seemed to be variations on this model), and said that this is what they advised midwives to do in their training sessions
  - and the AAA approach made sense to midwives, reassuring them that they did not have to do too much
  - linking the flash cards to the AAA steps made sense to all respondents, and usefully explained how the cards should be used
- but many respondents had not read it because…
  - the title made midwives assume it was not aimed at them (they did not train)
  - specialists already felt they knew how to run training sessions

- the card was recessive in the toolkit, and lost among all the other items

- this is unfortunate because in fact the guide clears up most of the uncertainties felt by midwives…
  - it shows them how to use the flash cards
  - it omits all the other items, and so suggests that they are not necessary

- very few respondents had read the other side of the card, and none felt able to comment seriously – although specialists often thought it looked sensible from a training point of view

6.3.9 *Scan wallet*

- few respondents thought this item worthwhile…
  - its smokefree message is recessive and easily missed
  - scan wallets are readily available elsewhere – so not really attractive as a 'freebie'
  - clients probably already have a frame for their photo by the time the midwife sees them
  - it does not seem to fit with the tone of the rest of the items – too cheap, 'flimsy' and lacking in substance

- those who liked it thought it a useful way for midwives to find a way into a discussion about smoking – scans are a logical thing for midwives to look at

6.3.10 *Toolkit folder*

- although most respondents liked the robustness and quality of the folder, its size and the fact that items fall out easily prevented them from carrying it around

- this meant that they either took some items with them on their visits, or left the whole thing behind

- in many cases, the latter response seemed a reason why the toolkit was not being used at all, but left on the shelf

7. **Branding and design**

- opinion was divided over the design and feel of the items and the folder itself
- many liked the dark silhouette on the folder, poster and flash cards…
  - hard-hitting without being graphic, and makes its point immediately
  - usefully plays on clients' guilt at continuing to smoke while pregnant
  - anonymous and general enough to seem relevant to all women
- the images on the booklet covers were also liked by many, for similar reasons, although…
  - as noted the Partners image was not clear enough to make its point alone
  - some felt the bare stomach on both images is not appropriate for their Muslim clients
  - and some felt the images suggested that smoking is something that only needs to be addressed in late pregnancy
- but some did feel that all the images are too dark, foreboding and negative, and would have preferred something brighter and more hopeful
- and one specialist argued that the dark tone might make midwives feel anxious about scaring their women, and reinforce their reservations about addressing smoking with women

- these respondents inevitably preferred the new branding, as did some who liked the dark images, although the headline was often…
  - confusing – *who* got her to quit?
  - thought to have the wrong tone –no one 'gets' you to quit, you do it yourself and others support you
- but others preferred the existing images, feeling that the material needs to have some impact if it is to motivate smokers quickly
- the new image was also thought more middle class – no hoop earrings, covered stomach etc
- there was no clear pattern to these preferences, but whatever they liked, a number felt that the tone and images should change regularly, to keep the messages fresh
- very few liked the 'stick person' theme – it felt impersonal, too sporty and not relevant enough to smoking in particular

8. Channels and promotion

- few respondents had much to say about promoting the toolkits – many of those who ordered one could not remember where they had first come across it
- but the clear preference among specialists was for it to be given to midwives during training sessions; this would ensure that…
  - the toolkits made it into the hands of the most motivated and engaged midwives, who were most likely to use them
  - the trainers could explain and demonstrate how the toolkits can/should be used, so that midwives do not have to work this out for themselves

D. CONCLUSIONS AND RECOMMENDATIONS

1. Conclusions

- the most striking finding from this research is the apparent disparity between the number of toolkits that have been ordered, and the extent to which it is being used with clients
- this disparity is compounded by the fact that many of the items in the toolkit are in fact well liked by midwives and SSAs
- the barriers for community midwives seem to relate primarily to…
  - the way the toolkit presents these items
  - the process for reordering these items
- community midwives…
  - are often reluctant to discuss smoking in depth
  - generally do not feel it is their role to do so
  - have a short amount of time in which to discuss smoking, and numerous other issues to cover
  - have to carry a lot of material with them when they conduct home visits or move between clinics
  - do not see that many pregnant smokers, or at least cannot predict when they will see one and so need to discuss smoking
- the way the toolkit is presented often suggests to them that…
  - discussing smoking will take a long time and may be difficult – or at least does not reassure them that this will *not* be the case
  - the toolkit is really aimed at someone else who has the time and inclination to do what appears to be required
  - there is little that they can give to clients to take away

- the reordering process for all items except the booklets means that midwives cannot acquire the items they want to give away, so they do not use them at all

- and while most midwives like the quality of the folder, it is too bulky to carry around on the off-chance that they will see a client who smokes, and suggests that everything should be kept together – so many leave the entire kit behind instead of taking a selection of items with them

- midwives' reasons for ordering the toolkits are often fairly ephemeral (i.e. not necessarily based on a real recognition of the importance of addressing smoking in pregnancy)

- those midwives who were aware of the kit but had not ordered one had generally not thought it relevant or worthwhile, or had simply not got round to it

- and SSAs often report that referrals from midwives are lower than they should be, and that attendance at training sessions is sporadic

- this suggests that midwives who have ordered a toolkit have often not 'bought into' the need for it, and may not have been persuaded of this or shown how to use it at a training session

- most SSAs use the toolkit for training purposes only – they feel many of the items are too basic for them to add value to their discussions with clients

- they approve of the toolkit as a training tool, but are frustrated by an ordering process which prevents them from ordering in bulk and giving them to midwives

- all this suggests that midwives would be more likely to use the toolkit with clients if it…

    - suggested more clearly that it could be used to help with the brief interventions they thought their role should involve

- reassured them more effectively about their concerns that discussing smoking will be difficult and time consuming

- made it clearer what could be given to clients as 'freebies', and how these should be reordered in bulk

- were easier to carry around

- is introduced to them in a training session so that:

  ~ an SSA can motivate them to use it rather than a letter and instruction sheet

  ~ only midwives who take smoking seriously enough to attend training, and who would therefore be most likely seriously to consider using the toolkit, receive one in the first place

- many SSAs consider the 'health professionals' items too basic to use with clients

- but they might be more willing to use the items for Mums (the fridge magnet and calendar in particular) if they could order these in bulk and give them away

- they too feel that disseminating the toolkits via training sessions, rather than promotion direct to midwives, would be most effective – this being the case, they want to be able to order toolkits in bulk

2. Recommendations

2.1 Presentation

- a smaller folder (A5 size) of the existing quality with fewer items and clearer instructions would be more attractive to midwives

- many would find it worth carrying the following with them in case their client were a smoker…

  - smaller flash cards of the existing quality, and with a similar amount of 'white space'

  - a copy of the Mums and Partners booklets to give away
  - a fridge magnet to give away
  - (perhaps) a calendar to give away
  - (perhaps) the DVD to give away

- for this to be the case…
  - reordering the fridge magnet, calendar and DVD would need to be easy
  - the instructions would need to make it clear that some or all of these items are likely to be useful when discussing smoking briefly – anything else is for background reading and can be left behind

- useful background material would be…
  - the poster
  - the Q&A booklet
  - the 'Training Guide'

- the scan wallet does not have much support – it might be given away by some if it could be reordered, but it also risks cluttering up the folder when the overriding need is to slim it down

2.2 Individual items

- only a few aspects of the items themselves seem to need consideration…
  - photograph inside the Mums booklet could seem less 'middle class'
  - front cover of the Partners booklet could make its target audience clearer (probably in the title)
  - flash cards could be made smaller but otherwise not changed

- points of detail on the calendar could be amended if appropriate
- the Training Guide could be renamed along the lines of 'How to use your toolkit'
- the poster could include a space for LSSS details
- the folder could be halved in size, highlight the difference between background and 'carry around' items more clearly, and give clearer ordering instructions
- the title of the folder could be amended to avoid the suggestion that its contents are a one-stop solution to stopping smoking

2.3 Branding

- this research is inconclusive on the subject of the most appropriate tone and feel for the material
- both approaches – darker and more hopeful – received considerable support, usually at the expense of the other
- a more hopeful tone would be well received and thought effective by many, but an equal number think this would lose the impact and emotional kick of the existing approach

2.4 Dissemination

- as noted, dissemination via training sessions is likely to be both…
  - the best way of ensuring that the toolkit is used effectively and as intended
  - the most efficient method, which results in the largest proportion of those who have a toolkit using it