



Using qualitative research to inform interventions to reduce smoking in pregnancy in England: A systematic review of qualitative studies

- Smoking in pregnancy is a socially patterned risk; compared to women in more advantaged circumstances, women in disadvantaged circumstances are more likely to smoke prior to pregnancy and less likely to quit.
- England's 2011 *Tobacco Control Plan* emphasises the importance of interventions that take account of social factors that make it hard for smokers to quit; however, systematic reviews of interventions are not designed to provide this contextual information on smokers' lives.
- A review of recent systematic reviews on interventions to reduce smoking in pregnancy showed few addressed issues of context in any detail.
- Systematic reviews of qualitative studies can provide the contextual understanding missing in reviews of interventions.
- This systematic review of qualitative research included 25 studies reporting on the experiences of over 630 women, the majority of whom began their pregnancy as smokers.
- It found that smoking was deeply imbedded in the lives and identities of women prior to them becoming pregnant; it was a habit unlikely to have been fundamentally questioned were it not for the fact of becoming pregnant.
- Becoming pregnant and therefore being a *pregnant* smoker triggered this reassessment; it prompted guilt and anxiety, and exposed women to social disapproval.
- Women tried to quit for the sake of the baby. Quitting was therefore often perceived as a temporary measure, undertaken for the duration of pregnancy.
- Trying to quit, and remaining so, was often described as very hard; cutting down was the most commonly reported method.
- Continuing to smoke, either at pre-pregnancy or reduced levels was often accompanied by feelings of guilt. However, it was also seen to be a realistic and sustainable alternative to quitting and therefore a positive change in its own right.
- The key dimensions of women's circumstances and experiences identified in the review have implications for the design and delivery of interventions to support quitting in pregnancy

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