How are Australian General Practitioners Assisting Indigenous Pregnant Women to Quit Smoking?

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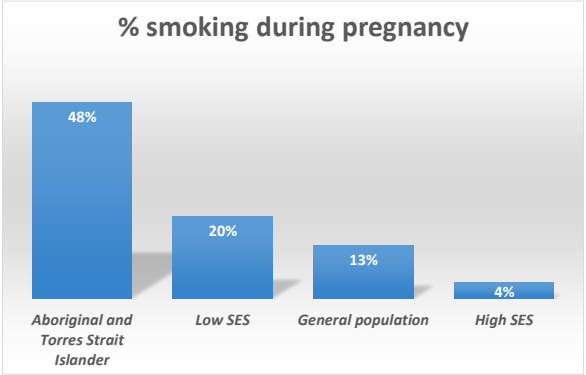
Acknowledgement of Country

Smoking in Pregnancy:

- Increased lifetime risk of cancer for both Mom and Baby
- Most important preventable risk factor for poor maternal and child health outcomes:
  - Miscarriage
  - still birth
  - pre-term delivery
  - low birth weight
  - sudden infant death syndrome (SIDS).
- 2012: babies born to Aboriginal and Torres Strait Islander mothers were more likely to be preterm (14.3% vs 8.3%) or low birth weight (11.8% vs. 6%).
- Aboriginal and Torres Strait Islander infants were eight times more likely to die of SIDS or other unascertainable causes



*age standardised

Australian Institute of Health and Welfare 2015. Australia's mothers and babies 2013—in brief. Perinatal statistics series no. 31. Cat no. PER 72. Canberra: AIHW.

Guidelines for physicians – Brief Intervention

5A's	ABCD	AAR
• Ask • Advise • Assess • Assist • Arrange Follow Up	• Ask • Brief Advise • Cessation Support • Discuss psychosocial context	• Ask • Advise • Refer • Other versions – AAC, AAA

Prescription of NRT

- Nicotine can be harmful for the Foetus
- BUT LESS HARMFUL than smoking
- Lower levels absorbed from NRT compared to smoking

- Experts agree NRT is always safer than smoking

- If a woman is unable to quit unaided, offer NRT

Aim

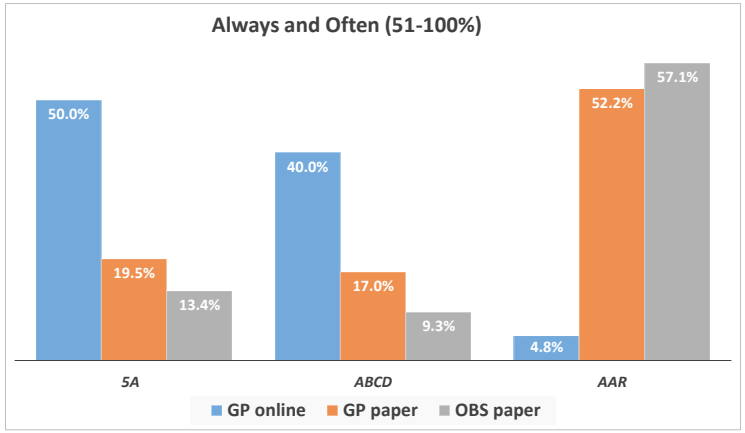
- To explore GP's knowledge, attitudes and practices of managing smoking in Indigenous pregnant women
- What are they actually doing?
- Where do we need to intervene?

Methods

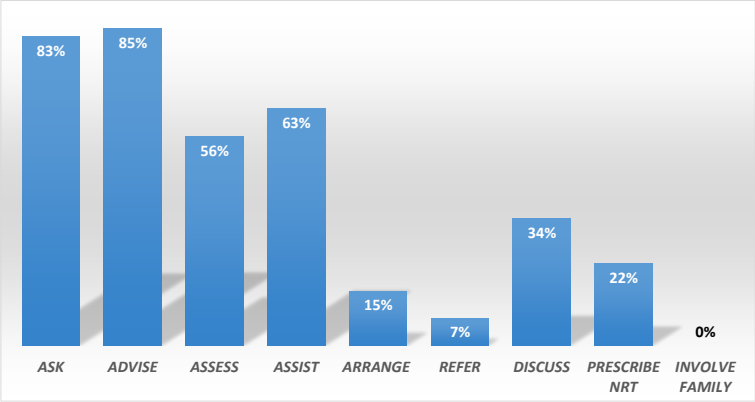
- National self-administered on-line cross-sectional survey
- 500 random sample GPs invited from RACGP NFATSIH
- Email and one reminder (restrictions on access to database and invites)
- 10-15 minute survey based on:
  - Demographics
  - 5A's/ ABCD/ AAR
  - Prescription of NRT
  - Theoretical Domains Framework
- 81 responded (16%), 42 qualified and answered (8.4%)
- Paper survey sent with O&G magazine, 5700 GPs and O&G's from RANZCOG database, No reminder possible
- 378 responded (157 GP's, 178 OBS)

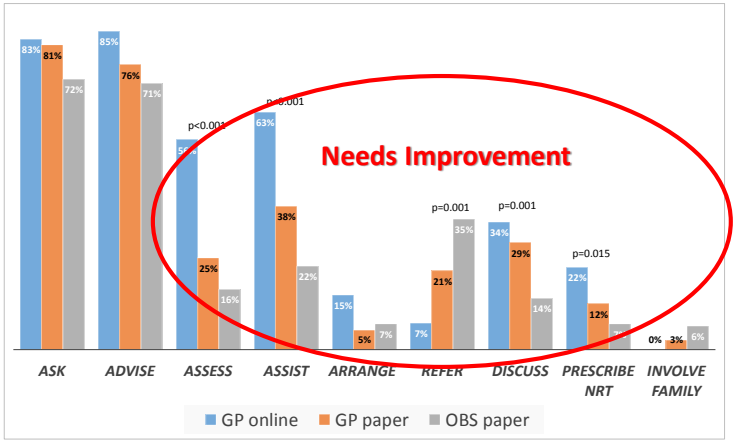
Demographics

Variable	42 GP's Online; n(%)	157 GP's Paper; n(%)	178 OBS Paper; n(%)
Female	26 (61.9)	101 (64.3)	108 (60.7)
Current smoker	0 (0)	1 (0.6)	6 (3.4)
Ex-smoker	5 (11.9)	21 (13.4)	31 (17.4)
Never smoked	37 (88.1)	135 (86)	141 (79.2)
Obstetric training	9 (21.4)	153 (97.5)	178 (100)
Years since qualification <10	13 (31)	21 (13.4)	40 (22.5)
10-19	11 (26.2)	39 (24.8)	43 (24.2)
20 plus	18 (42.9)	97 (61.8)	95 (53.4)
RRMA classification Urban	17 (40.5)	78 (51)	139 (79)
Regional	20 (47.6)	64 (41.8)	33 (18.8)
Remote	5 (11.9)	11 (7.2)	4 (2.3)
caters for over 30% Indigenous	11 (28.9)	15 (9.6)	3 (1.7)
>10 pregnant women seen per month	7 (17.1)	68 (43.3)	162 (91)
Over 41% of pregnant women are smokers	10 (25.6)	13 (8.3)	6 (3.4)



Practices – performing always (76-100%) of the time





Prescription of NRT

- Only 42.5% prescribe often and always
- 12% NEVER prescribe

- Perceived SAFTEY
  - 34% safer than smoking
  - 58.5% safer than smoking BUT have concerns
  - 7.3% not safe

Knowledge and Attitudes (TDF Domains n(%) agree + strongly agree; Mean (SD)	n (%)	Mean (SD)
Reading any smoking cessation guideline	30 (71.4%)	
Reading the RACPG smoking cessation guideline	27 (64.3%)	
Received any training at all	4 (9.8%)	
I am confident that I can counsel women about their smoking during pregnancy	34 (87.2%)	4.1 (0.6)
I am confident that I can prescribe NRT for pregnant smokers	27 (69.2%)	3.65 (0.9)
I am optimistic my intervention for smoking during pregnancy is likely to be effective	19 (48.7%)	3.27 (0.8)
Raising the issue of smoking with a client during pregnancy will benefit our relationship	25 (64.1%)	4.02 (0.8)
Addressing smoking during pregnancy is a high priority	39 (100%)	4.74 (0.5)
I am comfortable raising the issue of smoking with a pregnant woman	36 (92.3%)	4.69 (0.5)
In my workplace, it is routine to help pregnant women to quit smoking during pregnancy	29 (74.4%)	4.15 (0.8)
I have sufficient time to help pregnant women to quit smoking	20 (51.3%)	3.35 (1)
I have sufficient resources to help pregnant women to quit smoking	19 (48.7%)	3.54 (0.9)

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Summary

- Ask and Advice – doing Good

- Need to improve on other aspects, specifically:
  - Assisting (counselling), including Discussing psychosocial context
  - Arranging follow up and Referral
  - Prescribing NRT
  - Involving family members

- Barriers:
  - optimism
  - confidence in prescribing NRT
  - time
  - resources

Strengths and Limitations

- National
- Physicians

- Representative??
  - Small sample size
  - International data UK, USA, German, NZ – same picture
  - Paper survey – difference's but pretty much the same picture
  - Keen interested sample – real #'s lower?

THANK YOU

QUESTIONS?

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