

Electronic cigarettes in pregnancy: A qualitative study  
exploring midwives and health visitors beliefs,  
attitudes, knowledge and behaviour

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# Aims of this presentation

- Overview of the project
- Background
- Method
- Results
- Conclusions



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# Background

- UK prevalence of smoking in pregnancy is 10%  
 Reduce this to 6% or less by 2022.
- NRT is relatively ineffective in pregnancy.
- New treatment options are needed.
- Electronic cigarettes are the most popular method for quitting smoking in the UK in the general population.
- What role could electronic cigarettes play in pregnancy?



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# Aims and objectives

- To explore healthcare professionals attitudes and knowledge towards the use of EC in pregnancy and postpartum:
  - Perceived harm compared to cigarettes
  - Beliefs about health risks
  - Barriers and facilitators to use
  - Perspectives on promoting and advocating EC
  - Awareness of guidelines, recommendations, policies
  - Training needs



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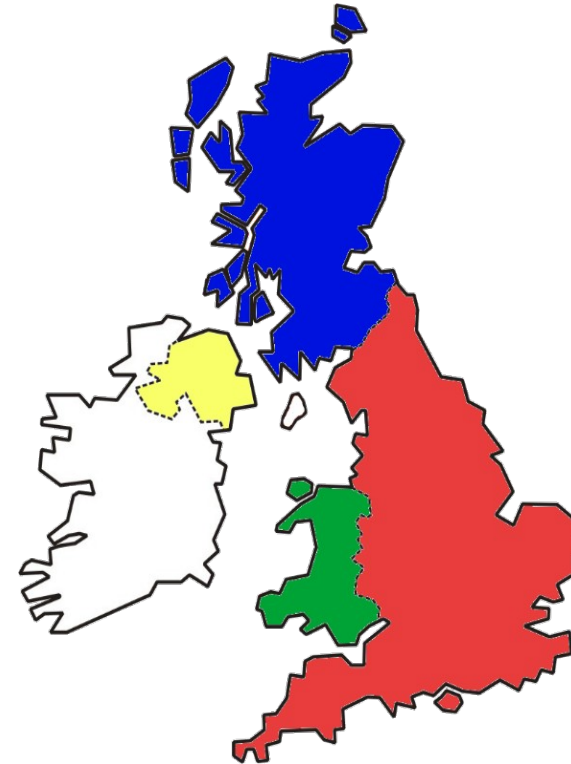


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# Method

- Recruitment via the teams professional contacts
  - -> snowballing
- Twitter
- 28 Midwives and health visitors
- Nationwide
- 1 Telephone interview each
- Framework analysis



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# Participants

## MIDWIVES

Age	Region	Yrs working	Smoker/vaper
48	Derbyshire	8	no
54	Leicester	30	no
44	Sheffield	12	Ex-S
43	Leicester	22	Ex-S
32	Birmingham	10	S; Ex-V
55	West Yorkshire	11	Ex-S; V
49	Derby	24	Ex-S; Ex-V
59	Nottingham	20	S
59	Birmingham	35	No
58	Derby and Burton	19	No
28	Nottingham	7	No
24	Norfolk	2.5	No
32	Belfast	7	No
52	Yorkshire	27	No
53	Leeds	27	No
39	East Anglia	11	No
51	Birmingham	11	Ex-S

## HEALTH VISITORS

Age	Region	Yrs working	Smoker/vaper
54	Cumbria	16	No
44	Cambridge	3	No
53	Norfolk	35	No
43	Sheffield	8	Ex-S
54	Cumbria	27	No
44	Nottingham	4.5	No
35	Nottingham	5	No
33	Nottingham	4.5	Ex-S; Ex-V
48	Nottingham	5	Ex-S
58	Nottingham	35	Ex-S
27	Nottingham	1.5	No



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# Results

Attitudes and beliefs	Knowledge	Skills	Professional role and identity	Environmental context
Negative	Awareness	Previous Training	Perceived job role	Organisational structure/policies
Ambivalent	Uncertainty	Training needs	Confidence/ self-efficacy	Information not filtering through
Positive	Confusion	Sharing information		Limited time
				Stigma

# Attitudes and beliefs towards EC



*"Popcorn lung"*

*"Worse than smoking"*

*"Swapping one addiction  
for another"*

*"Catch fire"*

*"Not safe in pregnancy"*

*"better than smoking  
but not without risk"*



*"Much safer"*

*"Fewer chemicals"*

*"No tar"*

*"Safer alternative"*



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# Negative attitude

Electronic cigarettes can be worse for you than smoking

*“From bits I’ve heard and news articles...they reckon it can cause more lung problems... and if you have got an infection, it’s worse for you to be smoking [an EC] than it is normal cigarettes”.*

(Midwife, 32, Birmingham)



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# Positive attitude

Much safer because there are far fewer chemicals in them

*“Obviously they are much safer because tobacco has got a lot more chemicals in them...if you have one or two chemicals in something and you have 4,000 in something else, obviously by default it’s going to be safer”.*

(Midwife, 39, East Anglia)



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# Ambivalent

- Some were a bit more cautious in their attitudes
- They are not risk free
- People should aim to quit e-cigarettes

*“I can't say I have a conclusive thought one way or another at the moment, because I think they're still quite new and things often come out down the road that you think that maybe wasn't such a good idea. So I don't know.”*  
[Midwife, 53, Leeds]



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# Knowledge

- **Awareness**
- Uncertainty
- Confusion

*“I don’t have enough information about them to really give them constructive advice... because you don’t want to give them duff information”.* (Health visitor, 54, Cumbria)



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# Knowledge

- Awareness
- **Uncertainty**
- Confusion



*“I think, I’m not too sure, but I think that the Royal College of Midwives suggests that you use the NHS available supplements or replacements, nicotine replacements, rather than e-cigarettes, that’s what I think but I’m not sure.”*  
(Midwife, 58, Derby)



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# Knowledge

- Awareness
- Uncertainty
- **Confusion**



*“There’s a lot of conflicting advice out there....there has been confusion amongst staff...I’ve had a midwife email me saying that she’d discussed with a couple of doctors who thought the risk of using an e-cigarette was the same as smoking, for things like deep vein thrombosis”.*  
(Midwife, 55, Halifax)



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# Skills and Training

- Experience of training varies greatly
- Training usually focuses on the risks of smoking
- Very little training on e-cigarettes

*“I would say that in the last, 15 years I’ve not received any training on it and I’ve worked in three different trusts”*  
(Health visitor, 54, Cumbria)



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# Skills and Training

## Training needs



*“I think it is quite important that as they become more popular, that we have more training in this, or any training at all, which we don't currently”. (Health visitor, 48, Nottingham)*



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# Professional role and identity

Perceived job role is to refer, not to provide advice

*“I think there’s enough information out there about smoking, and trying to get that message across to stop seems like preaching...I just signpost them to services within the NHS” (Midwife, 51, Birmingham)*

*“We don’t go into detail because our prime goal is to get them to accept a referral... the specialists go into details of what they can offer” (Midwife, 54, Leicester)*



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# Professional role and identity

Ability to provide appropriate e-cigarette advice



*"I wouldn't feel very comfortable..."*

*"I wouldn't know enough to be able to accurately advise someone"*

*"I feel confident in the knowledge I've got... I don't know what else I would say other than it's safer than smoking... that's the bottom line."*

*"You read things in the news, on social media, about conditions caused by e-cigs. So now I'm thinking I don't know, as a professional I need to be advising women on stuff that I know... I feel more comfortable talking about that [NRT]."*  
(Midwife, 49, Derby)



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# Environmental context

- **Organisational structure/policies**
- Information not filtering through
- Limited time
- Stigma

*“We had an email from work saying, we can’t recommend e-cigarettes, it’s not a replacement, they shouldn’t be using them”*  
[Midwife, 28, Nottingham]



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# Environmental context

- Organisational structure/policies
- **Information not filtering through**
- Limited time
- Stigma

*“I don’t feel like there’s been much information at all...Within the trust, nothing’s filtered through”  
(Midwife, 44, Sheffield)*



# Environmental context

- Organisational structure/policies
- Information not filtering through
- **Limited time**
- Stigma



*“There’s so many guidelines,  
there’s so many things, that we  
just don’t have the time to read  
every single guideline and  
change our practice”.*  
[Midwife, 53, Leeds]



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# Environmental context

- Organisational structure/policies
- Information not filtering through
- Limited time
- **Stigma**



*“As far as I know there's no strict bans about them, but they're looked upon kind of like smoking, that we'd prefer people not to be using them”.*  
*(Health visitor, 58,  
Nottingham)*



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# Conclusions

- Guidelines for e-cigarette use in pregnancy are not reaching midwives and health visitors.
- Confusion and lack of confidence in discussing e-cigs.
- Further training would be welcomed by nearly all staff interviewed.
- How should that training be delivered?



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- CRUK



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Thank you

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