Smoking during pregnancy: knowledge, attitudes and practice of gynecologists and midwives in Flanders, Belgium.

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RESEARCH TEAMS

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FLEMISH ORGANISATION OF MIDWIVES (VLOV) M. Reyns, RM

MIDWIFERY EDUCATION

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BACKGROUND

- -13 to 18% of pregnant women continue to smoke (JONG-study, 2010; Boudrez et al., 2006).
- From January 2006 until June 2009 only 133 pregnant women asked reimbursement under the national smoking cessation campaign (February 2010, Belga)
- -The preconceptional and prenatal period is considered as the ideal teaching moment for smoking cessation counseling (Ebert, et all. 2008).

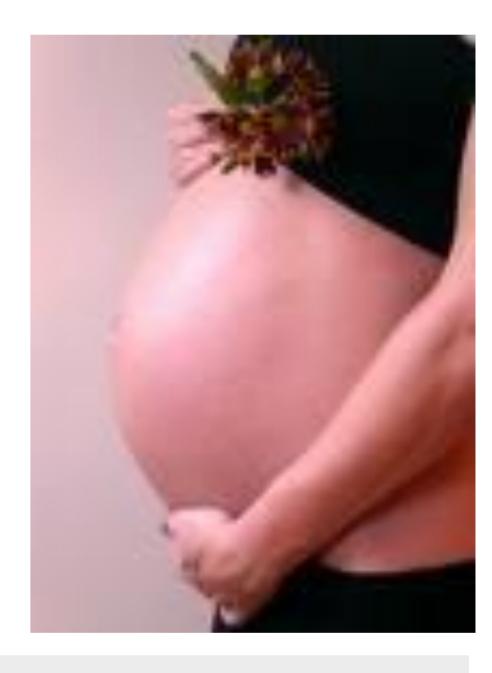
PROJECT GOALS

- 1. Knowledge: what do midwives and gynecologists know about the risks of smoking during pregnancy?
- 2. Attitudes: what are their beliefs regarding smoking cessation?
- 3. Practice: what do they advise their clients?



METHODOLOGY

Qualitative research design using semi-structured interviews with 8 gynecologists and 9 midwives



PRELIMINARY RESULTS

Knowledge:

- Risk factors for the foetus are well known, risks factors for (pregnant) women are sufficiently known.
- Existence of national campaign is known, but not what the campaign stands for.
- Use of nicotine replacement therapy is insufficiently known and therefore not recommended by gynecologists and midwives.

Attitudes:

- Smoking cessation is important to reduce health risks for mother and child.
- Midwives and gynecologists have a stereotype view of 'the smoking pregnant woman".
- Significant others have a larger influence on the smoking cessation process than professionals.

Practice:

- Difficulties experienced: lack of time, lack of communication skills.
- Uncertainty about whose task it is to provide smoking cessation advice and counseling.

CONCLUSION:

Gynecologists and midwives need to be educated in assisting the women's smoking cessation process.