

More help needed to improve smoking cessation services for pregnant women with mental disorders

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Pregnant women with mental health disorders are facing too many barriers to help them quit smoking during pregnancy despite their willingness to accept support, finds a new study published today in *BJOG: An International Journal of Obstetrics and Gynaecology*.

The study, undertaken by researchers at King's College London, looked at referrals to smoking cessation services and what barriers [pregnant women](#) with [mental health disorders](#) face compared to those women without disorders.

Overall 400 women, who reported smoking at their first appointment, were monitored and 237 accepted referrals to smoking cessation services. Approximately one quarter of the women studied (97) were diagnosed as having a mental disorder (i.e. depression, [schizophrenia](#), [eating disorder](#)) and were found to be more willing to accept referrals to smoking cessation services compared to those women who did not have a mental disorder (69% vs. 56%).

However the women with these pre-existing mental health problems were also more likely to still be smoking by the time of delivery (80% vs. 60% for women with no mental health problems), leading researchers to conclude that the barriers for smoking cessation are much harder to overcome for women with mental health disorders.

The researchers conducted interviews with an additional 27 [pregnant smokers](#) to gauge some of the perceived barriers to quitting, which were common to all women whether they had mental health problems or not.

The women cited negative impacts from their social and physical environments, including physical addiction, as barriers to quitting. However the women with mental health disorders described heavier addiction and reported a different type of relationship with smoking (for example they continued to smoke when acutely ill or to stay thin).

Of particular importance was that women with mental health disorders described how they, and their [healthcare providers](#), often prioritised the management of [mental health care](#) over stopping smoking due to the perceived negative impact that stopping smoking would have on their mental health symptoms.

Professor Louise Howard from King's College London's Institute of Psychiatry, and co-author of the study, said:

"We found that the women with [mental disorders](#) were more motivated to participate in the smoking cessation programmes at the start of their pregnancy, but by delivery they were significantly less likely to have stopped smoking.

"The perceived barriers to quitting were common among both groups, and the additional psychological condition of the women with mental disorders is clearly a major factor contributing to them not stopping smoking. The women who we interviewed said that they and their doctors prioritised their mental health over their smoking problem as they were worried that if they tried to stop smoking their mental health could deteriorate.

"It is clear from our findings that research in to how to support pregnant

women with mental disorders in stopping smoking is urgently needed so that their pregnancy outcome and longer term health of the child can be improved."

John Thorp, *BJOG* Deputy-Editor-in-Chief added:

"Smoking is the leading preventable cause of fetal and childhood morbidity and mortality in high income countries like the UK, which is why current guidelines stress that referral from maternity services is a very important role in antenatal care for pregnant smokers.

"Women generally are more likely to stop [smoking during pregnancy](#) than at any other time, and overall [smoking cessation](#) programmes during pregnancy do reduce the proportion of women who continue to smoke.

"This study shows that there is a clear weak link in the current system when it comes to women with [mental health problems](#) and it needs to be addressed in order to eliminate any further health inequality for this group of women."

This work was funded by the Foundation for the Study of Infant Death (FSID). Francine Bates OBE, Chief Executive of the FSID, said:

"We know that smoking during pregnancy is a major risk factor for sudden infant death and that pregnant women with mental disorders are more likely to smoke more heavily and are more nicotine dependent.

"The new study clearly shows how important frontline maternity services are. Women with mental illnesses are eager to quit smoking but by not routinely offering them tailored and on-going support we are missing the opportunity to improve their health and the life chances of their babies."

More information: Howard LM, Bekele D, Rowe M, Demilew J,

Bewley S, Marteau TM. Smoking cessation in pregnant women with mental disorders: a cohort and nested qualitative study. *BJOG* 2012.

Provided by Wiley

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