

Project  
**HATCH**  
Staying Healthy After Childbirth



# Staying Healthy After Childbirth

A theory based survey of UK and USA HCPs views on the promotion of smoking cessation and interrelated cancer preventative behaviours postpartum

## Introduction

Across the UK and USA, postpartum smoking relapse rates are high for women who quit smoking during pregnancy: up to 75% at 12 months<sup>1-3</sup>. Simultaneously, rates of exclusive breastfeeding and physical activity are low. These three cancer preventative behaviours have complex interactions, for example, smoking relapse often corresponds with discontinuing breastfeeding<sup>4-6</sup>, and breastfeeding can be seen as a barrier to physical activity<sup>7</sup>.

**Study aim:** Underpinned by the social ecological theoretical framework (Figure 1), Project HATCH aims to assess interrelated factors impacting continued smoking abstinence and increased rates of breastfeeding and physical activity among postpartum women.

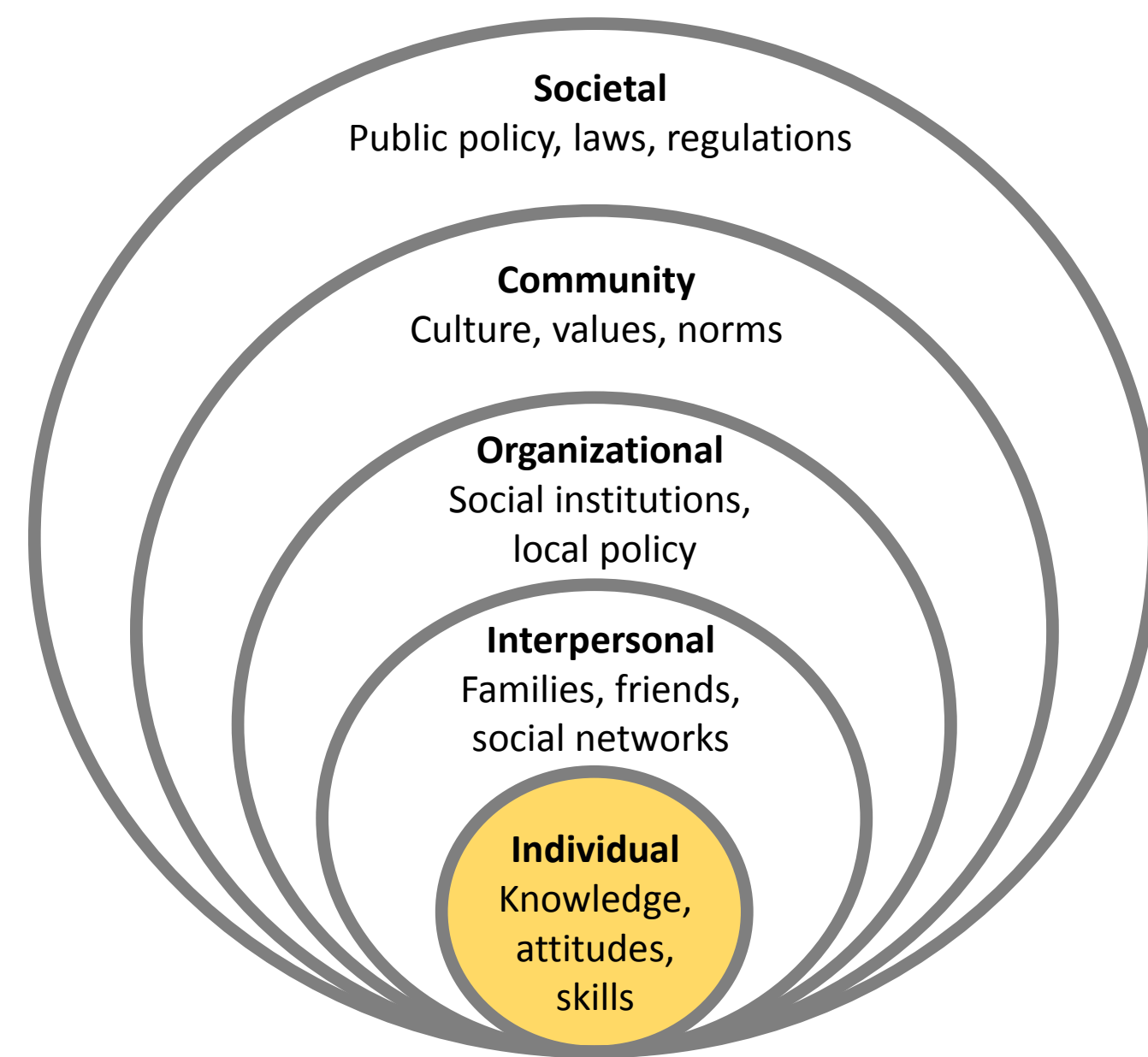


Figure 1: Social Ecological Theoretical Framework Model

## Methodology

Project HATCH is a multimethod study including:

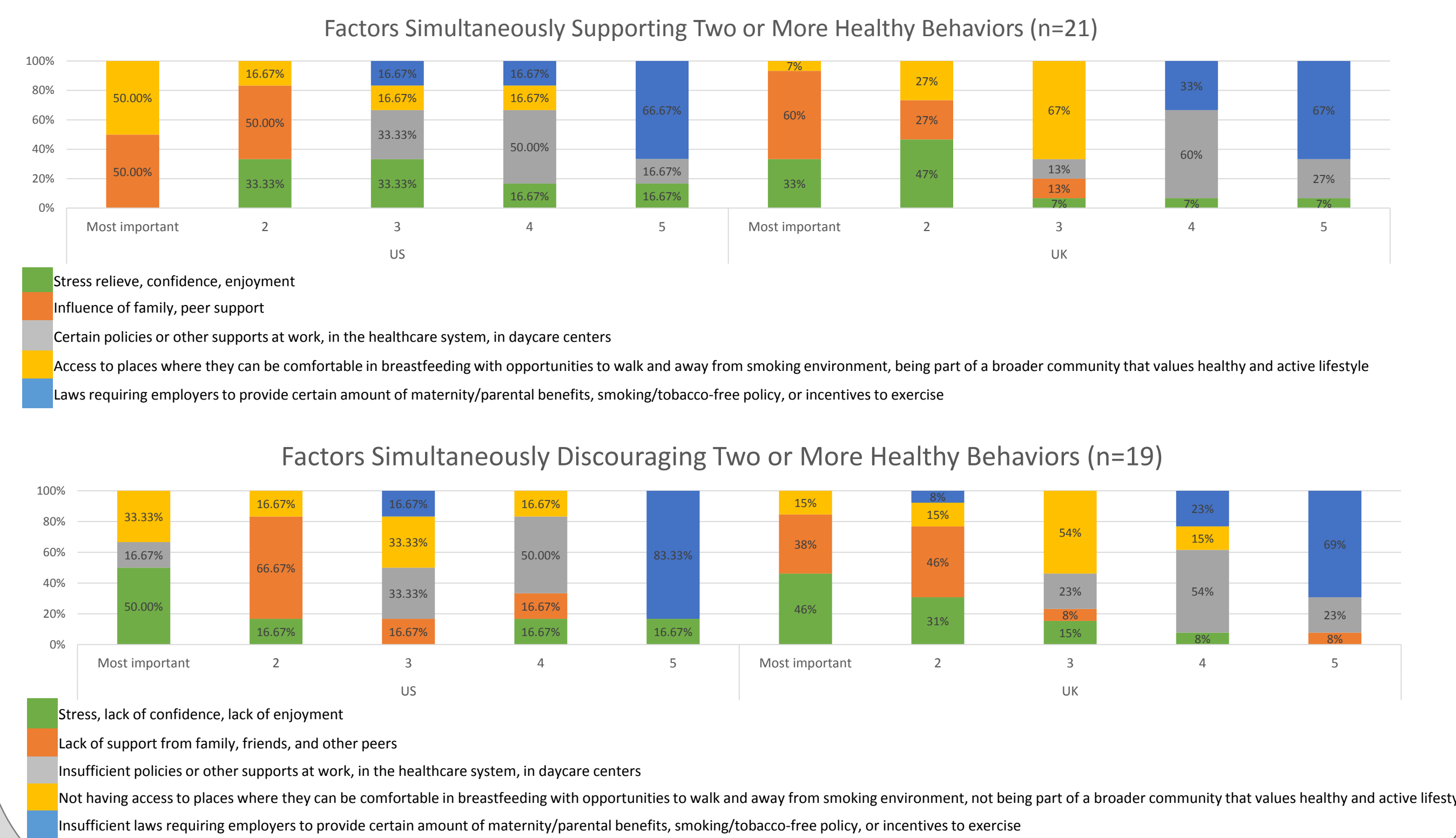
- Phase 1: A scoping review of existing postpartum support resources, and systematic literature review of interventions.
- Phase 2: A survey of healthcare professionals (HCPs)
- Phase 3: Qualitative focus groups with postpartum women
- Phase 4: Intervention development

Phase 2 of the study is presented here: An online survey of UK and USA health professionals to elicit their views on current practice relating to target behaviours (smoking relapse prevention, promotion of breastfeeding, physical activity), postpartum. We explore how health professionals rate the importance of these barriers and facilitators for each target behaviour and how the barriers and facilitators are related to each other across the three behaviours. In addition, data are presented on health professionals' feedback about existing resources and ideas for future improvement.

**Survey aim:** Explore perceived facilitators and barriers of the cancer preventing target behaviours relating to each ecological subsystem of the social ecological framework (Figure 1).

Respondents to Project HATCH HCP Survey (n=53)	
<b>Health Care Professional</b>	<b>%</b>
Midwifery professional	26
Health visitor/community nurse	23
Doctor (GP, obstetrician, other)	17
Children centre worker/charity worker	9
Breastfeeding counsellor/lactation consultant	8
Fitness and wellbeing professional	4
Other	13

## Results: HCP's importance ratings of socio ecological factors affecting the three target behaviours (not smoking, breastfeeding, and physical activity)



## Results: HCP Suggestions for interventions simultaneously targeting the three behaviours (not smoking, breastfeeding, and physical activity) categorised using social ecological theoretical framework

### Individual

- Information on how the 3 target behaviours relate to each other
- App targeting all three behaviours and signposting to support
- HCPs helping mothers recognise that the postpartum period offers opportunity for positive lifestyle changes
- Information about combining behaviours e.g. how to fit in exercising when breastfeeding, what is safe exercising whilst feeding, encourage exercise as a distraction from smoking.
- Realistic antenatal provision addressing emotional challenges of parenthood
- Incentives for all three behaviours

### Interpersonal

- HCPs involve and inform partner and family members about postpartum health support
- Peer support by supporters who have experience of all 3 target behaviours
- Postnatal 'health and wellbeing' support groups covering range of health behaviours
- Social media postnatal wellbeing groups

### Organizational

- Consistent and communicative HCP team around the mother
- Training on 3 target behaviours for all HCPs working with postpartum women
- Early postpartum home visits

### Community

- More local community based resources
- Community groups for women focusing on wellbeing and healthy behaviours
- Normalisation of 3 target behaviours – education from early age, celebrity role models, media exposure, realistic marketing

### Societal

- More state funding supporting mothers in postpartum period (e.g. children's centres)
- Longer full paid maternity leave

## Results: Existing resources identified by HCPs

- Textual support: websites, leaflets, and apps
- Telephone helpline support for breastfeeding and smoking
- Interactive online support: Forums and social media groups for breastfeeding and physical activity
- General and specific HCP support (e.g. lactation consultant, stop smoking advisor, women's health physio)
- Peer support, support groups, walking/exercise groups, breastfeeding friendly cafes
- Pump loan and hire, smoking medication/NRT

None of the existing resources explicitly address the 3 target behaviours simultaneously

Few of the existing resources are aimed at or include partners or extended family

Many of the existing resources rely upon mothers being individually motivated to access them



## Conclusion

Willingness and ability to engage in continued smoking abstinence, physical activity and breastfeeding in the postpartum period is affected by physical and sociocultural variables in the larger community environment. There is a need to support women across these interlinked cancer preventative behaviours, within their unique contexts, with potential to significantly impact both maternal and child long-term health outcomes. The results of the survey will contribute to the wider aim of Project HATCH to develop a prototype intervention to target continued abstinence from smoking, alongside increased breastfeeding and physical activity among postpartum women.

### References

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