

## Psychosocial interventions effective for smoking cessation in pregnancy

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<b>Clinical Question</b>	How effective are psychosocial smoking cessation interventions during pregnancy on smoking behaviour and perinatal health outcomes?
<b>Bottom Line</b>	<p>There was moderate-to-high quality evidence that psychosocial interventions increased the proportion of women who had stopped smoking in late pregnancy (by 35%) and mean infant birthweight (by 56g), and reduced the number of babies born with low birthweight (by 17%) and admitted to neonatal intensive care immediately after birth (by 22%). Counselling, feedback and incentives appeared to be effective. The effect of health education and social support was less clear. There did not appear to be any adverse effects.</p> <p>Contrary to concerns that women may be upset by being offered support to stop smoking, studies in this review suggested women expected and appreciated the support; and interventions were more likely to improve women's psychological well-being than worsen it. Intervention categories included counselling, health education, feedback, incentives, social support, and exercise.</p>
<b>Caveat</b>	Many of the studies did not provide information on the number of individual women who were eligible for inclusion or were approached to take part in studies, which would have provided useful information about the general acceptability of the interventions and selection bias in the studies. It was unclear whether incorporating use of self-help manuals or telephone support increased the effectiveness of interventions. Nearly all studies were conducted in high-income countries.
<b>Context</b>	Tobacco smoking during pregnancy increases the risk of the mother having complications during pregnancy and the baby being born low birthweight. Nicotine and other contents of cigarettes can have harmful effects on the baby's growth and development.
<b>Cochrane Systematic Review</b>	<a href="#">Chamberlain C et al. Psychosocial interventions for supporting women to stop smoking in pregnancy. Cochrane Reviews, 2017, Issue 2. Art. No.: CD001055.DOI: 10.1002/14651858.CD001055.pub5.</a> This review contains 102 studies involving over 28,000 participants. This is an update of an earlier 2013 review.

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