

Improved physician-patient communication could influence pregnant women to quit smoking

January 17 2013

(Medical Xpress)—Many obstetric care providers could benefit from additional communication training to effectively address smoking cessation with their pregnant patients, according to new research published by Magee-Womens Research Institute (MWRI) and University of Pittsburgh School of Medicine investigators.

The study, published this week in the [American Journal of Health Promotion](#), reviewed audio-recorded discussions between obstetric care providers and their pregnant [patients](#) to assess whether or not providers adhered to the "Five A's" for [smoking cessation](#) communication. Previous studies have shown that patients are more likely to quit smoking when care providers ask whether the patient smokes, advise cessation, assess the patient's willingness and challenges to explore cessation, assist the patient with strategies and resources for cessation, and arrange follow-up to specifically address patients' progress and efforts to quit.

"Very few of the providers we observed performed the recommended Five A's related to successful patient smoking cessation," said Judy Chang, M.D., M.P.H., a physician-researcher with MWRI and lead investigator of the study. "Instead, providers seemed more likely to give patients some general information on smoking and smoking cessation, but very rarely did they assess patients' motivations and barriers to quitting, provide assistance with specific strategies or resources for

smoking cessation, or arrange specific follow-up to monitor cessation efforts and progress."

Dr. Chang and her colleagues recruited 301 [pregnant women](#) who agreed to have their first obstetric visit audio-recorded. A total of 139 reported being current smokers. While care providers regularly asked about smoking (98 percent of visits), only a third of the visits contained either advice to quit or assistance with cessation approaches or resources. In only 22 percent of the visits did providers assess motivations or barriers to quit and in none of the visits did the providers arrange specific follow up regarding the cessation progress. None of the care providers adhered to all of the Five A's and the average amount of time spent talking about smoking cessation was 47 seconds.

"Currently, giving information about smoking seems to be the main component of cessation counseling. However, prior research shows that knowledge alone is not enough to motivate behavior change," said Dr. Chang. "Since active help with resources and strategies to quit are a key component to successful cessation, we need to bridge the gap in provider-patient communication so that obstetricians, nurse practitioners and other providers who interact with patients can more effectively address cessation with their pregnant [smokers](#)."

Provided by University of Pittsburgh Medical Center

Citation: Improved physician-patient communication could influence pregnant women to quit smoking (2013, January 17) retrieved 25 April 2024 from <https://medicalxpress.com/news/2013-01-physician-patient-pregnant-women.html>

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