

# **Systemic barriers to smoking relapse prevention in pregnancy and postpartum periods among Aboriginal and Torres Strait Islander women: A qualitative study with smoking cessation support providers**

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**Introduction and aims:** Smoking cessation care provisions have not successfully prevented women who quit smoking during pregnancy from relapsing due to multi-level barriers. This paper explores systemic barriers to providing smoking cessation care, focusing on relapse prevention among pregnant and postpartum Aboriginal and Torres Strait Islander women.

**Methods:** Twenty-six interviews were conducted between October 2020 and July 2021 with health professionals, health promotion workers and managers working on Aboriginal smoking cessation across six Australian states and territories. Data were thematically analysed.

**Results:** Themes emerging from the data include a) implementing smoking cessation care within the current model of maternal care; b) influence of funding allocation and model of smoking cessation care; c) lack of relevance for anti-tobacco messages to pregnancy and postpartum relapse; d) ways forward. Several barriers emerged from policies influencing access to resources and approaches to smoking cessation care for Aboriginal and Torres Strait Islander women. Individual-level maternal smoking cessation care provision was often under-resourced, thus, time-constrained to adequately meet Aboriginal and Torres Strait Islander women's smoking cessation needs. A need for empowering health professionals with more time, further knowledge and skills and non-Indigenous health professionals with better cultural awareness and anti-tobacco messages with salience to long-term cessation were identified.

**Discussion and conclusion:** Addressing systemic barriers to the provisions of smoking cessation care among pregnant and postpartum Aboriginal and Torres Strait Islander women is a health priority. Relevant anti-tobacco messaging and consistent, dedicated funding to support individual-level smoking cessation care for Aboriginal and Torres Strait Islander women is warranted.

**Implication for practice and/or policy:** More direct funding and a reliable funding cycle, longer consultations and enhancing capabilities of individual-level smoking cessation care providers should be considered to support Aboriginal and Torres Strait Islander women in giving up smoking sustainably.