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| **Improving health providers’ smoking cessation knowledge, attitudes and practices with pregnant Aboriginal and Torres Strait Islander women** |
| **Background/Objectives**  Pregnant Aboriginal and Torres Strait Islander women have a high smoking prevalence rate (45%). Health providers (HPs) report lack of skills to effectively manage smoking during pregnancy. The Indigenous Counselling And Nicotine (ICAN) Quit in Pregnancy intervention was developed collaboratively with two Aboriginal Medical Services. The intervention included webinar training, free oral nicotine replacement therapy (NRT), and educational resources. An emphasis was placed on improving NRT prescribing rates. The aim of this pilot study was to evaluate the effect of the intervention on HPs knowledge, attitudes and practices.  **Methods**  HPs completed a cross-sectional survey pre-post intervention. Knowledge was measured using a composite score of False/True statements. Attitudes statements were measured using a 5-point Likert scale dichotomized to ‘Agree’ vs ‘Don’t agree’. Practices were measured using a 5-point Likert scale, dichotomized to ‘Often/Always’ vs rest. Changes in Knowledge, Attitudes and Practices between time points were examined using mixed logistic and linear modelling.  **Results**  Overall 50 HPs participated (59% response rate), 45 completed the pre survey and 20 the post. Mean composite knowledge scores improved significantly for both the total score (84% vs 77.9%, p=0.011) and NRT specific score (78.8% vs 68.2%, p=0.004). No change in rates of agreeing with Attitudes statements were seen, except for “having sufficient resources” (36.4% pre vs 75% post, p=0.047). Total composite mean score for all Attitudes, and all NRT related Attitudes increased significantly (3.9 vs 3.7, p=0.017; 3.6 vs 3.4, p=0.005, respectively). None of the practices improved significantly; “Advise to quit” (63% pre, 85% post, 0R 3.2, 95% CI 0.7, 14.8), “Assess dependence” (35.6% pre, 60% post, OR 2.7, 95%CI 0.8, 8.9) and “Assist” (48.9% pre, 60% post, OR 1.7, 95% CI 0.47, 6.1) showed a trend for improvement.  **Discussion**  A multi-component intervention improved overall HPs knowledge and attitudes on smoking cessation during pregnancy, and may improve some practices. Improving delivery of smoking cessation care by HPs to pregnant Aboriginal and Torres Strait Islander women may require more intensive training and support, and “whole-of-service” approaches.  **Keywords**  Smoking Cessation, Pregnancy, Health Providers, Aboriginal |