Models for Access to Maternal Smoking cessation Support (MAMSS): a study protocol to develop an intervention to increase the engagement of pregnant women who smoke in NHS Stop Smoking Services

# **Additional files**

# 1. Data items to be extracted from local Patient Administration System

NHS number

Age (at first maternity appointment)

Postcode

Agreed estimated date of delivery

**Employment** 

Occupation

Do you smoke?

If yes, how many cigarettes do you smoke each day?

Have you smoked in the last 2

Treatment sessions? When did you

stop smoking?

Have you been offered advice on how to stop smoking?

Have risks of smoking been explained to you?

Have you received written information on how to stop smoking?

CO reading

Date of referral to stop smoking services

Does your current partner smoke?

Are you exposed to cigarette smoke at home?

Which groups do you most identify with? (Ethnicity)

Date and time of birth

Live / still birth

Birth weight

Smoking status at birth

Gestational age

# 2. Data items to be extracted from NHS stop smoking service database regarding referral

NHS number

Date referral received

Name of midwife

Hospital

Local Area

Smoker?

If ex-smoker date when stopped

For smokers only, permission to pass details to Stop Smoking

Service

Name

Address

Postcode

Contact telephone number

Mobile telephone number

Due date

CO Reading

Attempt to contact by telephone 1

Attempt to contact by telephone 2

Attempt to contact by telephone 3 (if unsuccessful, letter to be sent)

Letter Sent

Accept/reject assessment session appointment

Client Code

Date & venue of assessment session appointment

Advisor

# 3. Data items to be extracted from NHS stop smoking service database regarding treatment

#### Demographics

**NHS Number** 

Patient ID

Name

Gender

Address

Postcode

Telephone number (home, work, mobile)

Email address

Date of birth

Age started smoking

Age at time of treatment

Age at quit date

Ethnicity

Occupation

Deceased

Used service in past year

Local Health Board

**General Practitioner** 

General Practice

How heard of service

# Specialist support needed?

Pregnant?

If pregnant, due date

Breastfeeding

Pre-operative

If pre-operative, operation date and hospital

### Consent

General Practice contact consent

Monitoring consent

Follow up consent

Data protection statement signed

# Smoking history and nicotine addiction

Previous number of quit attempts

Previous NRT use

Previous Zyban (bupropion hydrochloride) use

Previous Champix (Varenicline) use

How soon after waking is first cigarette smoked?

Do you find it difficult to refrain from smoking where it is  $% \left( 1\right) =\left( 1\right) \left( 1\right)$ 

forbidden?

Which cigarette would you find it most difficult to give up?

Number of cigarettes smoked per day

Do you smoke more within first few hours of waking?

Do you smoke when ill in bed?

Nicotine addiction (Fagerstrom score)

#### Treatment

Initial contact date

Appointment within four weeks of initial contact

Assessment questionnaire return date

Advisor (treating clinician)

Venue

Venue type

#### **Detailed treatment record**

Assessment session date

Assessment session attendance

Assessment session CO reading

Treatment session 1 date

Treatment session 1 attendance

Treatment session 1 CO test attempted

Treatment session 1 CO reading

Treatment session 2 date

Treatment session 2 attendance

Treatment session 2 CO test attempted

Treatment session 2 CO reading

Treatment session 3 date

Treatment session 3 attendance

Treatment session 3 CO test attempted

Treatment session 3 CO reading

Treatment session 4 date

Treatment session 4 attendance

Treatment session 4 CO test attempted

Treatment session 4 CO reading

Treatment session 5 date

Treatment session 5 attendance

Treatment session 5 CO test attempted

Treatment session 5 CO reading

Treatment session 6 date
Treatment session 6 attendance

Treatment session 6 CO test attempted

Treatment session 6 CO reading

General practitioner pharmacotherapy letter given?

Pharmacy pharmacotherapy letter given?

### Outcome measures

Attended treatment session

Set quit date

Treated smoker

4 week follow up completed

4 week follow up completion date

4 week self-reported quit status

4 week CO test reading

CO reading confirms self-reported 4 week quit status

52 week follow up completed

52 week self-reported quit status