

## QUESTIONNAIRE 1st study Pays de Loire

Dear Sir Madam

I am (investigator role). As part of a thesis project, I would like to carry out a study of French midwives.

The following questionnaire aims to describe your professional practices concerning smoking cessation for pregnant women.

The questionnaire is anonymous and your personal data will not be requested.

The questionnaire is aimed at all practising French midwives.

It has been approved by Prof ..., Prof... and Dr... (Tobaccologist doctor)

Practical details of the questionnaire: It comprises 40 questions, the majority of which require a mandatory answer (marked by an asterisk). Some questions can give rise to multiple answers.

It takes approximately 15 minutes to answer all of the questions.

Many thanks in advance for your cooperation. I remain at your disposal if you would like more information or if you have a technical problem filling in this questionnaire.

Investigator contact details

### **About you**

1. Are you male or female?
  - Male
  - Female
  
2. How old are you?
  - 18– 29 years
  - 30– 39 years
  - 40– 49 years
  - 50– 59 years
  - > 60 years
  - 50– 55 years
  - Other
  
3. In what year did you qualify as a midwife?
  - <1990
  - 1991-1999
  - 2000-2009
  - 2010-2015
  - > 2015
  
4. Are you currently working?
  - Yes
  - No

5. Are you a smoker?
- Smoker
  - Non-smoker
  - Ex-smoker
  - I would rather not answer

### About your professional practice

6. Where do you work?
- Independently
  - Mother and child welfare clinic (PMI)
  - Private/ semi-private structure
  - Hospital
  - Other
7. In which French department do you work? (scroll down menu of all departments)
8. In which service(s) / sector(s) do you work?
- Independently
  - Mother and child welfare clinic (PMI)
  - Prenatal consultation
  - Delivery wards
  - High-risk pregnancy
  - Postnatal
  - Ultrasound
  - MAP
  - Other
9. Do you provide antenatal monitoring consultations?
- Never
  - Less than 25% of your work
  - 25% to 49% of your work
  - 50% to 75% of your work
  - More than 75%
10. Do you provide tobaccology consultations?
- Yes
  - No

### About your knowledge on smoking cessation management for pregnant women

11. Are you familiar with Very Brief Advice to stop smoking?
- Yes
  - No
  - I don't know
12. (If yes to question 11) do you use it?
- Yes
  - No
13. Are you familiar with the Fagerström Test for Nicotine Dependence (test that measures pharmacological or physical addiction to tobacco)?
- Yes

- No
- I don't know

**14.** (If yes to question 13) do you use it regularly?

- Yes
- No

**15.** (If no to question 14) why?

- Lack of time
- I forget to
- Not part of my routine/practice
- Few of my patients are smokers
- I don't know the care protocol depending on the results
- Other

**16.** Have you heard about the exhaled CO test?

- Yes
- No

**17.** (If yes to question 16) do you use it?

- Yes
- No

**18.** (If no to question 17) why?

- Lack of time
- I forget to
- No CO screening available at the structure/clinic
- Not familiar with the equipment
- The equipment is too expensive
- Others

**19.** (If yes to question 17) do you know how to interpret the result?

- Yes
- No

**20.** Do you think midwives have the right to prescribe medication to help patients stop smoking?

- Yes
- No
- I don't know

**21.** (If yes to question 20) Who can these prescriptions be for?

- All women
- Pregnancy
- The pregnant woman's spouse or partner
- The pregnant woman's family (including the men)
- The woman's family
- Other

## About the care you provide to help pregnant women stop smoking

- 22.** How concerned do you feel about smoking cessation management in pregnancy?
- very
  - fairly
  - moderately
  - a little
- 23.** How motivated are you to provide help to stop smoking (1 not motivated - 10 very motivated)?
- 24.** Do you always ask all of your patients about their tobacco consumption?
- Always
  - Often
  - Rarely
  - Never
- 25.** Do you use specific tools to raise the subject of tobacco consumption during pregnancy and postpartum with your patients?
- Yes
  - No
- 26.** *(If yes to question 25) which ones?*
- 27.** *(If no to question 25) why?*
- Lack of time
  - I forget to
  - Lack of knowledge of the tools
  - Other
- 28.** Do you refer your patients who would like to stop smoking to one of the following specialists?
- Tobaccologist
  - Tobaccology centre
  - Pulmonologist
  - General practitioner
  - Psychologist
  - Hypnotherapist
  - Acupuncturist
  - None
  - Other
- 29.** Do you prescribe nicotine replacement therapy to patients when necessary?
- Yes
  - No
- 30.** *(If no to question 29) why?*
- Lack of time
  - I forget to
  - Lack of knowledge about the prescription dosages

- Lack of knowledge about the possible replacement therapies
- Because the patients don't want them
- Because I refer patients to specialists
- Other:

**31.** (If yes to question 29) which therapies do you prescribe?

- Patches
- Sublingual tablets
- Chewing gums
- Nicotine inhalers
- Lozenges
- Other

**32.** (If yes to question 29) how do you determine the dosage of the nicotine replacement therapy?

- Vidal
- Service protocol
- Tobaccologist
- Obstetrician-gynaecologist
- Pharmacist
- CO test
- Other

**33.** Do you know whether nicotine replacement therapies are available in your organisation for patients who smoke?

- Yes
- No
- I don't know

**34.** (If yes to question 33) Do you administer these to patients?

- Always
- Often
- Rarely
- Never

**35.** In your daily practice, what obstacles can you identify in smoking cessation management for pregnant women?

- The patient lacks the motivation
- Lack of time
- I lack the motivation
- I lack knowledge about cessation methods
- I lack educational material
- It is not possible to refer the patient to a doctor/tobaccologist
- None
- Other

## About the training you have received on smoking cessation management for pregnant women

**36.** During your initial training, were you taught about tobacco addiction?

- Yes
- No

**37.** Have you attended a post-graduate training course on tobacco addiction?

- Yes
- No

**38.** If yes, which one?

**39.** How well trained do you feel to provide care for your patients who smoke?

- Poorly
- Relatively well
- Well
- Very well

**40.** Would you be interested in a short training programme about smoking cessation management for pregnant women?

- Yes
- No

**41.** Having filled in this questionnaire, would you like more information on one of the following?

- The effects of tobacco on health
- The effects of tobacco on pregnancy
- Nicotine replacement therapies
- How to prescribe nicotine replacement therapies
- Other:

Please feel free to add any comments you would like to make below