Reviewer’s report

Title: The needs and preferences of pregnant smokers regarding tailored Internet-based Smoking Cessation Interventions: a qualitative interview study.

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Reviewer: Caitlin Notley

Reviewer’s report:

1. This paper is an extremely interesting and well written contribution to the literature on developing novel interventions for smoking cessation. The focus is on an online smoking cessation intervention (ISCI) developed specifically for pregnant women. The contribution of the paper is particularly useful as the approach gives a rigorous and in-depth patient perspective, which supports well the conclusions regarding preferences for a tailored and targeted approach to smoking cessation interventions for pregnant women. I have given detailed feedback and suggestions for revisions to the paper below. Most of these suggestions are minor essential revisions or discretionary revisions that I would welcome author feedback or reflection on, rather than major compulsory revisions.

2. The question addressed in this paper is a mixture of an exploratory approach to the needs and preferences of pregnant smokers, and a process evaluation approach of an already developed intervention (Mumsquit). I felt that the question could do with some clarification given these dual aims. Most of the data presented and themes derived from the data seem to answer process evaluation type questions, i.e. they are given by participants in response to the specific intervention received as part of a larger RCT. This should be stated more explicitly in the paper, or perhaps in the discussion as a limitation, as the expressed needs and preferences are influenced heavily by this context. This is not to say that the data are not useful, but simply that the preferences of this sample are given in response to the developed intervention, which may limit the extent of the expressed preferences.

3. The methods are appropriate to the research aims of the paper, and well described. The framework approach is applicable to research seeking to answer specific intervention development questions. Authors should clarify whether any specialist software was used to support the analysis. Participants were recruited from just the intervention arm of an ongoing RCT. This decision needs some justification which could be linked back to comments above about clarifying the question explored within this study. If the question was focused just on development of this specific intervention then this is appropriate, but if the question more widely sought patient’s views on ISCIs beyond the intervention (more exploratory), then further justification for not recruiting from the control group or a wider sample should be given, either here or in the discussion.

4. Details of the participant demographics should be given at the start of the
findings section, rather than in the methods.

5. Interviews – I wondered why more personal and detailed information was not requested on the participant’s pregnancy? The interview described focused very clearly on the intervention and ISCI more generally. However, as the conclusions suggest a high degree of tailoring may be attractive to pregnant women, it would perhaps have been useful to understand the individual contexts of the women’s pregnancies in more depth? If the authors agree this may be acknowledged as a limitation in the discussion section of the paper.

6. Description of the intervention is given under the interview sub-heading within methods. I felt that the intervention needed a separate sub-heading and description. Specifically, a definition of how the intervention is currently ‘minimally-tailored’ (a term used in the discussion) is needed.

7. A short discussion of ethical considerations addressed in the study would be appropriate to include within the methods section. I would particularly welcome a discussion of reflexivity and the role of the researcher in the analytical process.

8. Data analysis – this is generally well described. Further clarification is however required on 2 points – the authors suggest that ‘emergent themes and disputes were discussed and resolved with other co-authors’. It would be useful to understand how this process occurred – perhaps an example of where there was dispute and how a consensus view was reached. The authors also mention and reference the processes of constant comparison and deviant case analysis. Again, it would be useful to see examples of this, particularly deviant case analysis, in action. Perhaps this could be indicated or incorporated with the additional data extracts provided? The discussion section should also pick up on this important analytical step – how did the deviant case analysis add to, modify or extend the emergent thematic framework?

9. In the results section the authors clearly report the key findings with judicious use of data quotations, which very well support the conclusions of the paper. There is a clear thread through the results section and the addition of the qualitative excerpts adds further support and reassurance. I had a few thoughts:

10. Section 1.3 ‘accessible support’ – were any alternative views expressed suggesting that, for some women, there might be a preference not to be constantly reminded about giving up smoking? i.e. perhaps some women, conversely to the reported findings, prefer to occupy themselves with other distraction techniques and find an intensive intervention actually reminds them about smoking and increases craving? This may not be the case, but I wondered if this view was apparent at all for any of the sample?

11. Theme 2 – line 253 onwards. There are two very opposing views presented here regarding the preference for either positive or negative imagery. How might these opposing views be incorporated into the tailored intervention?

12. Section 3.2 – self-monitoring and feedback – to what extent did this desire to be monitored and rewarded for progress link specifically to pregnancy and the progress of the pregnancy?

13. Section 3.3 – the authors state that many ‘struggled to quit’. I wondered how
this was known or measured?

14. Section 3.4 – e mail reminders. Is there any more process evaluation specific data in relation to this point. i.e. is it known the extent to which e mails were actually received and opened?

15. Section 5.1 – flexible intervention structure – at the end of para 1 it is stated that some participants expected a more lasting source of support. Was there any indication of how long this support should last for? And should this be pregnancy specific or continue post-partum?

16. Section 5.2 – medications – was there any mention of e-cigarettes?

17. Section 6.2 – personal support – was there any mention of linking with other health care professionals, e.g. midwives or health visitors? This point may also be considered by the authors in the discussion as a way of integrating the intervention with other smoking cessation support? Also, in tailoring the intervention specifically to pregnant women I felt that a consideration of the wider context of healthcare support and advice during pregnancy should be included.

18. Discussion section – This is very well written and clear. Some specific comments:

19. Line 462 onwards there is a discussion of smoking relapse. Was there any data to support whether support for relapse should be part of this same intervention, or something separate? A short discussion around the difficulties in defining smoking lapse and relapse may also be relevant here.

20. Offering personal support was favored by participants – how might this work in practice?

21. Line 478 onwards – in this paragraph discussing BCTs there is specific mention of the concept of identity. This came rather out of the blue. The concept needs defining. An example would also be useful – how might an intervention ‘strengthen the identity of a non-smoking pregnant woman’?

22. I felt that there was a need to draw links between the data analysis themes presented. For example, to what extent did the desire for self-monitoring and feedback (3.2) link to the focus on pregnancy (4.1)?

23. In general, I felt that I wanted to understand more about the pregnancy status of this group of participants. As the message is that participants would welcome a more tailored and individualized intervention, I felt that pregnancy specific factors might be important here. E.g. parity, complex pregnancies, level of support received during the pregnancy. If this data was not collected then this might be acknowledged as a limitation of the study?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests