Reviewer’s report

Title: The effects of a multi-disciplinary, minimal smoking intervention among pregnant women and their partners: A real-life controlled intervention study

Version: 1 Date: 19 December 2007

Reviewer: Agneta Hjalmarsen

Reviewer’s report:

The paper is evaluating intervention to help pregnant women stop smoking. It is an important subject because even small improvements in cessation rates could be of great importance.

However on the whole the paper is difficult to understand and it needs tighter editing.

Major Compulsory Revisions

Abstract
1. In the abstract the data collection is described as if all the women and their partners were followed-up at three points.

2. The aim of the study is described differently in the abstract and the end of the background. It needs to be consistent. Legislation and campaigns are not mentioned in the abstract.

3. 70% respectively 61% had stopped smoking early in the pregnancy not before pregnancy according to table 4.

4. Only report figures from the result section. The odds ratio for smoking during pregnancy had not been reported earlier.

Page 3

5. The background is written as a single paragraph. Split it into sections with the same contents: smoking as a risk factor, prevalence of smoking in Norway, Pact study, effect of minimal smoking cessation interventions, aims of the study.

Page 4

6. It is hard to get a grip on the study design. It would be helpful to have a chart of the study design showing, for control and intervention groups, when the collection of data started and ended, when and what measurements were made, and other relevant information.

7. I would suggest that sub headings be used in the method section like study design, subjects, measurements, interventions and statistical analysis.

8. The objectives of the PACT study belongs to the background. Emphasize what
in the PACT project is relevant to this study.

Page 5
9. State clearly how many women completed the questionnaires. How many refused or did not provide complete data? Why did only 1023 of the 1788 women respond to the questionnaire six weeks after delivery? A flow chart would be useful.

Page 5 Intervention programme
10. Move the first 2 sentences of this paragraph to the background.

Page 7
11. Norwegian legislation is not a result.

Page 8
12. Use statistical test to see if the control and intervention cohort differ. See further suggestion for table 1

Page 8
13. Change the subtitle Influence of legislation and public campaigns, as this implies an interpretation of the result, which belongs to the discussion. Use a more neutral subheading like Trends of smoking habits.

14. Collection of data should be presented in the method section.

15. The number of participants in PACT was very small compared with the total number of pregnant women in Trondheim. Make a comment on this in the discussion.

Page 9
16. The data as presented is very dense and not easy to follow. It would be preferable to break it up, so that the same information is grouped in the same paragraph?

For example: Comparison of cessation rates in the intervention and control groups/Correlation between background factors and smoking behaviour/Partners smoking behaviour. Present data in a table for quitting and background factors. Give values for intervention and control cohorts separately.

17. Differences between the intervention and control groups are presented as a probability in quitting, but in the abstract as a probability in being a smoker. Please be consistent.

18. What does mean number of cigarettes smoked indoors refer to? Is it the number smoked by the mother or the father, or both together? Suggest that it be divided into two groups, by mother and by father.

Page 10 Discussion
19. In the discussion the strength and weaknesses of the study is discussed. However new valuable information about the measurements was also presented. The time aspect is important. Quiting rates at the first antenatal visit should not be labelled as quitting â## during pregnancyâ##. With a chart showing the study design this confusions could be avoided.

20. Both PACT periods had a much higher quit rate than the rest of the country. Discuss reasons to the differences. Usually only 30-40% of smokers quit during pregnancy, so the PACT figures are surprisingly high.

21. The moralising sentence about obstinate women should be removed.

22. Table 1. If all of this is PACT data why not call it PACT control cohort and PACT intervention cohort?

The data in the table is not consistent. Percentages have a confidence interval, the mean age has a range, and other variables have just a mean value. Make a table with in which you test control conditions with comparing intervention.

Compare data during pregnancy for control and intervention conditions using statistical test. Do the same for data at 6 weeks after delivery for control and intervention period.

Include a stand.dev. for all mean values. The cigarette consumption data should have a number (n=).

23. Table 2 describes milestones in Norwegian tobacco legislation. This is of little interest, as the paper does not measure the effect of the legislation. Instead this should be briefly mentioned in the background, with special reference to what happened during the study period.

24 Table 3 This table should be omitted. The same data is presented in table 4, though without data for Trondheim.

25 Table 4
New title: The prevalence of pregnant smokers in PACT, Trondheim?, Bergen and Norway in 2000-2004

Add data from Trondheim

The percentage of smokers is calculated on the whole cohort, while quitting rates are counted on the number of smokers. This is confusing. Remove the quitters from the table and make another table for smokers called:

Quitting rates among pregnant smokers in PACT, Trondheim?, Bergen and Norway in 2000-2004

Minor essential Revisions

26. Consider changing the title from â##The effect of a multi-disciplinary, minimal smoking intervention among pregnant women and their partners: a real-life
controlled intervention study to: The effect of a physician and nurse delivered minimal smoking cessation intervention for pregnant women and their partners: a controlled study.

27 Page 5
Explain NTNU and remove it from the first page

28 Page 6
The intervention program is described in figure 1, but to what extent was it used? Did it reach all smokers?
How many GPs, nurses and midwives attended the education in smoking cessation that they were offered?
29 Why was smoking data not available for primary care health workers?

30 Page 11
Validation of data might be even more necessary today as it is stated that there is now a stigma attached to being a smoker.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests.