Author's response to reviews

Title: Socio-demographic factors and processes associated with stages of change for smoking cessation in pregnant versus non-pregnant women.

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Author's response to reviews: see over
Dear Editor,

I submit the twice revised paper for publication in "BMC Women's Health".

We address the comments in the revised manuscript and we provide a point-by-point response to the concerns.

**Reviewer: Monique Baha**

The authors have made an effort to reshape their introduction. However, based on the references used, it is still unclear what this paper adds to existing literature. For instance, the authors cite that TTM-based interventions yielded little to no benefit for smoking cessation during pregnancy. They should therefore clearly explain why they choose to use this theoretically frame and what novel approach they are adding to the body of knowledge. Also, they authors mention publications of Stotts and Scheibmeir already show that pregnant women adopt less behavioral as well as experiential strategies to stop smoking. What is thus the objective of their work? Is it simply to illustrate/confirm these findings?

We jet enlighten relevant objective of this paper that is to define differences among pregnant and not pregnant women comprehensively in many different determinants of smoke cessation:

**Methods and Results:**
The methods and results are presented more clearly.
I notice now that the authors do not indicate the proportion of smokers/ex-smokers among pregnant and non-pregnant women. This concerns me, as 60.5% of pregnant women were in maintenance stage and the average number of cigarettes smoked was low. Could it be because most pregnant women in the sample were not smoking anymore? One can thus wonder if there’s enough data to draw any conclusion on pregnant smokers. Anyways, this information should be mentioned in the methods and presented as a limit in the discussion.

**The maintenance status implies that a woman was not smoking anymore from more than six months ago.**
The association between relationship status (or living with smokers/non-smokers) and smoking has been documented in literature. Authors should present and discuss it as such.

We add this literature in introduction when we speak about environmental factors.

“college education” in the text becomes “degree” on table 1.

**Thank you, we rephrase text.**

“acceptability of smoking” in the text becomes “acceptability of smoke” on table 4.

**Thank you, we rephrase text.**

**Reviewer: Ross Barnett**

**Reviewer's report:**

**Major Revisions**
I still feel that the authors have paid lip service to environmental factors and the way they affect the chances of smoking cessation. For example, there is a large US literature on this topic especially as it relates to African Americans. Some
mention of this literature is necessary. Even if a woman is pregnant and more sensitive to the health risks of smoking, other environmental factors may affect the perceptions of smoking risk.

We stress the role of environmental factors in introduction. We add in the text: Furthermore much of the public health policy discussion in smoking cessation has continued to focus on educational models of behaviour change which place the individual at the centre of the policy debate rather than the environmental context within which individuals are situated(17). Instead recent studies have identified a variety of contextual socio-environmental mechanisms that are important in influencing smoking behaviors and probably these are different among pregnant and pregnant women. A review on determinants of smoking cessation during pregnancy showed that partner's smoking habit, socioeconomic status, level of education and passive smoking are factors which may affect smoking status during pregnancy(18). A cohort study in women verify that marriage or being in a committed relationship was associated significantly with quitting, and living in a rural or remote area and lower educational attainment were associated with continued smoking(19).

Minor revisions

The discussion is still relatively descriptive. Take one example - discuss why for non-pregnant women there was no relationship between cessation and education. Why not?

We add in the discussion the text: Furthermore a time-trend study conducted in north Italy showed that women with low education showing before a low prevalence of smoking habit are the only category to increase smoking during the period of the study narrowing the gap with higher educated women (34). The fact of higher educated women are used to be smokers and not prompt in smoke cessation is a characteristic phenomena of North Italy and probably it is due to a custom habit, or probably to stress for high expectation in work and high workload.

I hope the paper is now suitable for publication.

Sincerely
Alessandra Buja