Author’s response to reviews

Title: Overcoming Challenges to Treating Tobacco use During Pregnancy - A Qualitative study of Australian General Practitioners Barriers

Authors:

YAEL BAR ZEEV (yael.barzeev@uon.edu.au)

Eliza Skelton (eliza.skelton@newcastle.edu.au)

Billie Bonevski (billie.bonevski@newcastle.edu.au)

Maree Gruppetta (maree.gruppetta@newcastle.edu.au)

Gillian Gould (gillian.gould@newcastle.edu.au)

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Author’s response to reviews:

Reviewer 1

1. Methods- Requires some information regarding methodology and its rationale for use. Also needs information about ethics approvals gained. Also needs some information regarding reflexivity activities to enhance its trustworthiness.

Response:

Details regarding ethics approval were added under Methods – Procedure, line 81-82: “The study was approved by the University of Newcastle Human Research Ethics Committee (08/06/2016: H-2016-0063).”

Information regarding the reflexivity activities taken to enhance the study trustworthiness are detailed under Methods – analysis, lines 92-93, and include writing field notes immediately after each interview to capture the researchers’ thoughts and opinions. These were used as a reflexivity activity during the analysis process. We have added another line to clarify this, line 94:

“In particular, the researcher was aware during the data collection and analysis that her own background as a tobacco treatment specialist might bias her interpretation of physicians’ experiences, and reflected upon this using the field notes.”

2. Theme: Mixed feelings regarding managing smoking during pregnancy -Line 58, sentence ‘Participants viewed addressing smoking as an important part of their role, and
viewed their relationship with the patient as...' should be a new paragraph as it is a different point.

Response:

The sentence was moved to a new paragraph as requested.

3. Theme: Needing better communication skills- The second paragraph is hard to read due to the use of semi-colons, would suggest breaking the section down into separate sentences.

Response:

The second paragraph was divided into separate sentences as suggested (lines 169-184)

4. Theme: Potential facilitators for NRT prescription-the first two paragraphs don't appear to relate to 'facilitators'- rather they appear as barriers to NRT prescription. Therefore, this needs moving/amending.

Response:

The theme was changed to “Barriers for NRT prescription” (line 185)

5. The sentence 'Several felt that not all pregnant women were addicted, smoking due to other reasons such as stress.' - is not clear as to what is meant here.

Response:

This was clarified further in lines 199-202:

“Several participants felt that not all pregnant women were physically addicted to nicotine, and that their smoking was due to other reasons such as stress. Therefore, they did not think NRT to be an appropriate treatment in this context. They described NRT as only appropriate to consider in highly addicted smokers…”

6. In addition, I am not convinced that 'facilitators' expresses what the GP's are saying in the next sections. Rather, it reads as what their needs are to overcome their challenges. Facilitators would suggest something that is occurring that helps them to support women to give up smoking, not what they want. It is important information but needs a re-think on the theme and overall title of the paper.

Response:
We thank the reviewer for this distinction. We have removed the word facilitators from the title, and from this theme. This theme is now called “Barriers to NRT prescription”.

7. Overall written well, connecting to the wider literature with clear implications. Just one point related to the main findings: the following needs shorter sentences, as it is very difficult to follow these points- ‘For some GPs, multiple additional challenges are present such as lack of time, patients' previous negative experiences about NRT and related safety concerns, and not receiving feedback from the Quitline; and for participants caring for Aboriginal patients, also the cost of Oral NRT, and the Quitline suitability for Aboriginal smokers.’

Response:

The paragraph was divided into shorter sentences (lines 256-260)

“For some GPs multiple additional challenges are present. These challenges include lack of time, patients’ previous negative experiences about NRT and related safety concerns, and not receiving feedback from the Quitline. Specifically for participants caring for Aboriginal patients, also the cost of Oral NRT, and the Quitline suitability for Aboriginal smokers.”

Reviewer 2

8. Abstract: The abstract is well written, with only a few minor items that need changing. First, could you indicate the period in which the interviews were conducted (also add this into the main methods section).

Response:

The period the interviews were conducted was Feb-July 2017. This was added both to the abstract in the first line under the methods sub-heading, and also in the main methods section, under the sub-heading procedure, line 70.

9. Abstract: The second sentence of the methods is strangely written and is difficult to interpret, even after having read the full manuscript.

Response:

The sentence was changed. We hope the revision is clear:

“The interview guide was structured using the theoretical domains framework, exploring previously reported barriers and two specific components of smoking cessation care - nicotine replacement therapy prescription and Quitline referral”
10. You may also want to specify in the results component of the abstract after "clear details nicotine replacement therapy guidelines" to also read 'for special populations' to reflect the primary barriers raised by GPs (guidelines for pregnant women are lacking)

Response:

We have added this as requested.

11. As stated for the abstract, could you include details as to when the interviews were conducted so readers can gauge the recency of the data collected, and in the future relate the findings to changes in clinical guidelines as they progress.

Response:

This was added as requested in the main methods section, under the sub-heading procedure, line 70 (see response to comment 8).

12. Could I ask that participants be given individual identifier numbers, as 'Female, Queensland, age unknown' gave 3 of the first 8 quotes, and it would be good to know if this was all from the same participant or not (i.e. are relatively few participants responsible for a disproportionate number of the quotes).

Response:

Individual identifier numbers were added for each quote.

13. Also the first quote of the subsection 'Current practices were suboptimal' doesn't appear to match this heading. It may need to be moved or deleted as I found it jarring in the context of the section it has been placed in.

Response:

This quote was shortened and moved to the end of this theme (lines 153-159)