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### Appendix 1: Application of a Taxonomy of Behaviour Change Techniques used in a Smoke Free Homes Intervention

Analysis of the activities delivered in the smoke free homes intervention and their links to the 26 Behaviour Change Techniques which have been identified in the paper 'A Taxonomy of Behaviour Change Techniques Used in Interventions' (2008) Abrahams and Michie - Health Psychology 2008 Vol.27, No.3, 379-387

The activities listed could be used in 2 scenarios

1. Health Worker → Pregnant woman (non smoker)
2. Pregnant woman → Smoking partner / family

BCT	Determinant/ Domain (Michie)	Link to theoretical frame work	Definition	Activity suggestions / comments	Agent	Recipient
1. Provide information about behaviour health link	Attitude  Knowledge   Beliefs about consequences	Information- motivation- behavioural skills model (IMB)	General information about behavioural risk, for example susceptibility to poor health outcomes or	Positive messages about benefits	HW	Pregnant Woman

	Motivation and goals ( <i>confidence building</i> )		mortality risk in relation to the behaviour			
					Pregnant Woman	Partner / Family
2. Explore information on consequences	Motivation	Theory of Reasoned Action (TRA)  Theory of Planned Behaviour (TPB) Social –cognitive theory (SCogT)	Information about the benefit and costs of action or inaction, focusing on what will happen if the person does or does not perform the behaviour	Identification of perceived cost benefits balance in relation to the discussion with partner	HW	Pregnant Woman
(discussion around consequence)	motivation			Identification of perceived cost benefits balance in relation to the baby	Pregnant Woman	Partner / Family
3. Provide information about others' approval	Social influences  Motivation	(TRA, TPB, IMB)	Information about what others think about the person's behaviour and whether others	Present information on social norms (most babies live in SFHs ) but understand and	HW	Pregnant Woman

	Belief about capabilities		will approve or disapprove of any proposed behaviour change	take into account the immediate social norm of the mother and the family – using examples of other women who have discussed at home and achieved SFH		
	Social influences  Motivation  Belief about capabilities			Present information on social norms (most babies live in SFHs as many people have stopped smoking) but understand and take into account the immediate social norm of the family. Use as a motivational tool for goal setting	Pregnant Woman	Partner / Family

4. Prompt intention formation	motivation	(TRA, TPB, SCogT, IMB)	Encouraging the person to decide to act or set a specific goal, for example, to make a behavioural resolution such as "I will take more exercise next week."	<p>Intention – have the discussion with the partner</p> <p>Mother to choose a goal they are confident they can achieve re. raising the issue with partner / family</p> <p>'DO you believe that having the conversation will lead to a change?'</p> <p>'Are you confident that you could have the discussion with your partner?'</p>	HW	Pregnant Woman
				<p>Is the intention to have a SFH</p> <p>'How important is it for the family / baby to have a SFH?'</p>		Partner / Family

				'How confident are they this can be achieved?'		
5. Prompt barrier identification		(SCogT)	Identify barriers to performing the behaviour and plan ways of overcoming them	Explore barriers to having the discussion and a SFH (e.g. does the family live in a flat? Does the mother live in their own home or staying with someone else where they feel they may not be in a position to raise the issue?)	HW	Pregnant Woman
				Explore barriers to having a SFH	Pregnant Woman	Partner / Family
6. Provide general encouragement	Motivation attitude	(SCogT)	Praising or rewarding the person for effort or performance without this being	Praise the intention and provide positive encouragement - building rapport	HW	Pregnant Woman

			contingent on specified behaviours or standards of performance	Praise the intention and provide positive encouragement - building family engagement and praising resolve to go SF	Pregnant Woman	Partner / Family
7. Set graded tasks	Skills  Motivation  knowledge	(SCogT)	Set easy tasks and increase difficulty until target behaviour is performed	Encourage woman to identify small steps towards the goal of having the discussion about SFHs. May want to discuss some suggestions and encourage the women to come up with her own ... e.g. leaving a leaflet on a table, are there any TV ads that could prompt a discussion?	HW	Pregnant Woman

				Could use SFH steps and 4 week challenge – smoke away from baby – smoke in one room only – totally SFH – stay smoke free for at least 4 weeks	Pregnant Woman	Partner / Family
8. Provide instruction		(SCogT)	Telling the person how to perform a behaviour and/or preparatory behaviours	NA	HW	Pregnant Woman
9. Model or demonstrate the behaviour / <i>Rehearsal of relevant skills</i>	Skills Social influence	(SCogT)	An expert <i>explores with the person/</i> shows the person how to correctly perform a behaviour, for example, in class or on video	? demo of discussion / role play / Able to practise	HW	Pregnant Woman
					Pregnant Woman	Partner / Family



10. Prompt specific goal setting	Self efficacy Skills motivation	Control theory (CT)	Involves detailed planning of what the person will do, including a definition of the behaviour specifying timeframe, scope or duration and specification of at least one context, that is where, when, how, or with whom	Encourage woman to develop strategy e.g. Identify appropriate time to have discussion. Possibly develop SMART objective	HW	Pregnant Woman
				Agree specific goal and steps along the way. Set SMART objectives for various steps. E.g. set a 4 week smoke free challenge	Pregnant Woman	Partner / Family
11. Prompt review of behavioural goals		(CT)	Review and/or reconsideration of previously set goals or intentions	Discussion – how did it go?  And ‘what else?’	HW	Pregnant Woman
				How do we feel about this – is it working for us?	Pregnant Woman	Partner / Family

12. Prompt self-monitoring of behaviour	Skills  Attitude	(CT)	The person is asked to keep a record of specified behaviour(s) (e.g. in a diary)	N/A	HW	Pregnant Woman
				Possibly use a monitoring tool e.g. diary / sticker chart	Pregnant Woman	Partner / Family
13. Provide feedback on performance	Attitude  Beliefs about consequences and capabilities	(CT)	Providing data about recorded behaviour or evaluating performance in relation to a set standard or others' performance i.e. the person received feedback on their behaviour	Asking what worked well / was didn't work so well / what could have been different	HW	Pregnant Woman
				How did the family perform in relation to steps / SMART objectives – could use diary / sticker chart ... what has worked well – if we didn't achieve what could we change	Pregnant Woman	Partner / Family

14. Provide contingent rewards	Skills motivation	Operant conditioning (OC)	Praise, encouragement that are explicitly linked to the achievement of specified behaviours	Praise if successful discussion and encourage to use alternative strategies if not gone so well	HW	Pregnant Woman
				Goody bag?  Identify the positives e.g. house smells better, baby is going to be healthier, maybe smoking less therefore saving money	Pregnant Woman	Partner / Family
15. Teach to use prompts or cues	Memory, attention, decision process and action planning	(OC)	Teach the person to identify environmental cues that can be used to remind	e.g. no smoking signs, removing ashtrays, umbrella by door - agree which are	HW	Pregnant Woman

			them to perform a behaviour, including times of day or elements of contexts	acceptable	Pregnant Woman	Partner / Family
16. Agree on behavioural contracts	Motivation  Action planning	(OC)	Agreement (i.e. signing) of a contract specifying behaviour to be performed so that there is a written record of the person's resolution witnessed by another	N/A	HW	Pregnant Woman
				Could be family agreement e.g. signing a SFH pledge ... Smoking fine if not done outside	Pregnant Woman	Partner / Family
17. Prompt practice		(OC)	Prompt the person to rehearse and repeat the behaviour or preparatory behaviours	Encourage women to rehearse discussion beforehand	HW	Pregnant Woman
				Maybe think about dealing with specific situations / people e.g.	Pregnant Woman	Partner / Family

				friends visiting		
18. Use follow up prompts	Self efficacy		Contacting the person again after the main part of the intervention is complete	Asking about SFH at routine visits	HW	Pregnant Woman
				N/A	Pregnant Woman	Partner / Family
19. Provide opportunities for social comparison	Social influences	(SCompT)	Facilitate observation / <i>raising awareness</i> of non-expert others' performance for example, in a group class or using video or case study	Depends on context ... could be a group intervention in e.g. children's centre	HW	Pregnant Woman
				Maybe visit friends / family who are smoke free or thinking about how many people the family know who are smoke free	Pregnant Woman	Partner / Family

20. Plan social support or social change	Social influences	(Social support theories)	Prompt consideration of how others could change their behaviour to offer the person help or (instrumental) social support, including “buddy” systems and/or providing social support	Antenatal group activity / buddying up	HW	Pregnant Woman
				Partner / friend supporting the mother discuss SFH – possibly backing up or helping enforce / having the discussion on behalf of the mother	Pregnant Woman	Partner / Family
21. Prompt identification as a role model			Indicating how the person may be an example to others and influence their behaviour or provide an opportunity for the person to set a good example	Positive example of tackling a sensitive issue	HW	Pregnant Woman
				Wanting to be perceived as being good parents and role model to prevent children taking up smoking in later	Pregnant Woman	Partner / Family

				life		
22. Prompt self-talk	Beliefs about capabilities		Encourage the use of self-instruction and self-encouragement (aloud or silently) to support action	?	HW	Pregnant Woman
23. Relapse prevention	Self efficacy Skills Beliefs about capabilities	(Relapse prevention therapy)	Following initial change, help identify situations likely to result in readopting risk behaviours or failure to maintain new behaviours and help the person plan to avoid or manage these situations	N/A	HW	Pregnant Woman
				Identifying the possible triggers that could result in smoking in the house – and strategies to address them	Pregnant Woman	Partner / Family

24. Stress management	Self efficacy	(Stress theories)	May involve a variety of specific techniques (e.g. progressive relaxation) that do not target the behaviour but seek to reduce anxiety and stress	?	HW	Pregnant Woman
				?	Pregnant Woman	Partner / Family
25. Motivational interviewing	Motivation Beliefs about capabilities		Prompting the person to provide self-motivating statements and evaluations of their own behaviour to minimise resistance to change	?	HW	Pregnant Woman
				?	Pregnant Woman	Partner / Family
26. Time management			Helping the person make time for the behaviour (e.g. to fit it into a daily schedule)	N/A	HW	Pregnant Woman
				N/A	Pregnant Woman	Partner / Family



## **Appendix 2: Phase 1 Focus Group Discussion (FGD) Topic Guides and Questionnaires**

### **FGD topics with new mother's**

Have you heard of SHS?

Were you given information during pregnancy?

When should you be given information about SHS?

What would you want to read about or hear to help you reduce second-hand smoke?

Let's look at some materials about SHS produced previously... What ideas do you have for materials/products with slogans?

### **FGD topics with health professionals**

What are the key messages about SHS that parents need to be told?

What are the key message about SHS that others (such as friends, relatives) need to be told?

### **Phase 1 development work: women's questionnaire**

**Are you a new mum?**

**Are you an expectant mum?**

**Do you know when a baby is affected by second-hand smoke?**

***(Respondents were asked to tick all statements they knew)***

- a. When someone smokes in the same room as the baby
- b. When someone smokes in one room when the baby is asleep in another
- c. When someone picks up your baby but hasn't washed their hands after having a cigarette
- d. When the baby is taken in a car someone has just been smoking in
- e. When a baby touches clothes, sofa or carpets in a room where people have smoked

**Second-hand smoke either causes or can increase the risk of these**

***(Respondents were asked to tick as many as they knew)***

- a. Asthma
- b. Lung infections
- c. Glue ear
- d. Cradle cap
- e. Sudden infant death
- f. Meningococcal disease (*blood disease*)
- g. Increased hospital visits

- h. Low birth weight
- i. Babies which are small for age in womb
- j. Skin rashes
- k. Wheezing

**What would be the best way to help you reduce second-hand smoke for your baby?** *(Respondents were asked to prioritise which would be most useful); 1 being most useful and 5 being least*

- a. Support on how to influence smokers in your family, so that they don't smoke around your baby
- b. The Facts about the chemical content of cigarette smoke such as arsenic, lead and cyanide
- c. The Facts that when someone smokes, the toxic chemicals from cigarettes coat clothing and stay on your carpets and soft
- d. To understand adults can choose but baby has no choice
- e. To know that even if me or my family smoke, we know what we can do to keep the baby safe

**When would it be good to get this information?** *(Respondents were asked to tick the most useful time)*

- a. On booking in with the midwife
- b. At six months pregnant
- c. 2 weeks before the birth due date
- d. 2 weeks after the birth
- e. 3 months after

#### **Phase 1 development work: health professional's questionnaire**

**What information do you think the intervention material should include?** *Respondents were asked to prioritise their selections, with 1 as most important*

- a. Facts about the chemicals SHS contains eg arsenic, ammonia
- b. Facts about the impact on babies' health, eg respiratory problems, glue ear
- c. How smoke coats furnishings and clothes for hours after the cigarette is out
- d. How SHS in cars is particularly harmful for babies
- e. That the baby has no choice
- f. The positive steps they can take to make the baby's space as smoke free as possible
- g. How they may influence relatives' and friends' smoking behaviour, as well as their own

**When do you think it would be best to give this information?** *This could be once, or more than once*

- a. At a routine ante-natal appointment – please say which visit and by whom
- b. At a routine post-natal appointment – please say which visit and by whom

**Which health professional do you think might be best placed to give the intervention material?**

- a. GP
- b. Midwife
- c. Midwifery Support Worker
- d. Health Visitor
- e. Health Visitor Support Worker
- f. Other *(please say)*

**What does the Health Professional need to say when they give the intervention?** *Respondents were asked to tick all they thought would be useful.*

- a. I need to tell you about the harm SHS may do to your baby
- b. Here is something local women have found useful
- c. Do you have any relatives or friends who smoke who will come to see the baby? We appreciate it's hard to ask them not to smoke, so here's something which may help
- d. Any reduction in your baby's exposure to SHS is better than none
- e. All Health Professionals give praise for implementing any change, however small

**What media/method is best?** *(Respondents were asked to prioritise which would be most valuable, with 1 as most valuable)*

- a. A leaflet in the back of the Red Book
- b. A catchy slogan e.g. you can choose, baby can't; we don't smoke near baby
- c. A bag, with slogan, to put their Maternity Notes in
- d. Posters in ante-natal settings
- e. A sticker for house and car
- f. A fridge magnet
- g. Post-its and pencils
- h. Tea towels
- i. Birth announcement cards, with message, to give to relatives and friends which Mum can personalise, personalised
- j. Multiple options of the above
- k. Other – please give details

**Have you ever spoken to a woman about SHS?**

**FGD Topic guide: design of intervention women and health professionals**

Number of items Item/ phrases

What type of device?

What does it say?

What does the Midwife say when she gives it?

This bubble will appear blank, or white, until touched to activate thermchromatic ink



## Second Hand Smoke

is the smoke which comes from other people's cigarettes. The smoke is full of chemicals and poisons, including lead, arsenic and cyanide.

Though you can't see it or smell it, it is like invisible grey snow, falling silently onto furniture and carpets in rooms where people smoke. Because your baby relies on the air you breathe to develop and grow, if you breathe in smoke, so does your growing baby.

**PROTECT  
me...**



From Second Hand  
**Smoke**

# SECOND HAND SMOKE IS AN INVISIBLE THREAT



## Second Hand Smoke

is the smoke which comes from other people's cigarettes. The smoke is full of chemicals and poisons, including lead, arsenic and cyanide.

Though you can't see it or smell it, it is like invisible grey snow, falling silently onto furniture and carpets in rooms where people smoke. Because your baby relies on the air you breathe to develop and grow, if you breathe in smoke, so does your growing baby.

PROTECT me...



From Second Hand Smoke

# SECOND HAND SMOKE IS AN INVISIBLE THREAT

Can you answer these questions?

Are they true or false? (reveal the answers)



**Q: What is Second Hand Smoke?**

A: Smoke from the burning end of a cigarette

TRUE

A: Smoke blown out by someone smoking

TRUE

A: Smoke still in a room when people have stopped smoking

TRUE

**Q: How does Second Hand Smoke affect baby?**

A: Chemicals you breathe in with SHS go into baby's blood

TRUE

A: Baby gets less oxygen to grow

TRUE

A: Baby is more at risk of many health problems

TRUE

**Do whatever you feel you can to keep your growing baby safe!**

- Ask smokers not to light up in your home
- If someone has smoked, open the windows and doors to get rid of smoke before you sit in the room
- Move away from people smoking in the street

**Remember, if you breathe in smoke, so does your growing baby.**



**SECOND HAND  
SMOKE IS AN  
INVISIBLE  
THREAT**

**PROTECT  
me...**



**From Second Hand  
Smoke**

**NHS**



## SECOND HAND SMOKE IS AN INVISIBLE THREAT

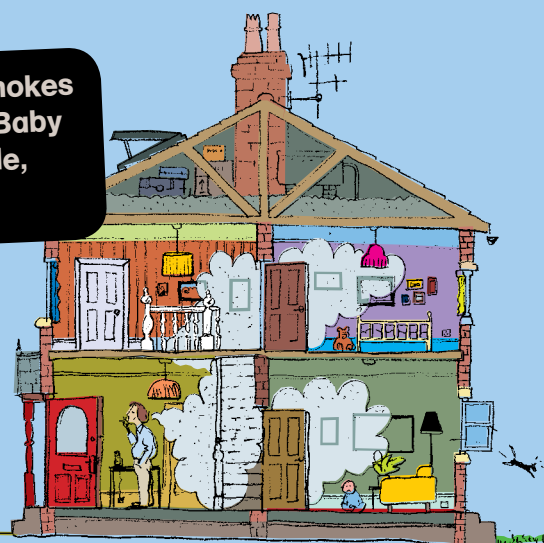


Soon you'll be welcoming your new baby into the world. Because your baby depends on you to stay safe and well, we need to let you know about an invisible danger which may be in your home and which could seriously harm Baby while still tiny; and also what you can do to protect your baby.

Second Hand Smoke is the smoke which comes from the burning end of a cigarette and the smoke blown out by smokers. The smoke is full of chemicals and poisons, including arsenic, lead and cyanide. Though you can't always see these chemicals, they are like invisible grey snow, falling silently onto furniture and carpets in rooms where people smoke. They stick on your hands and clothing and rub off onto the things you touch—including baby—even some time after stubbing out the cigarette. Your baby depends on you to help keep those tiny lungs safe.



If you, a friend or relative, smokes in the room with Baby, then Baby breathes in carbon monoxide, cyanide, arsenic and lead.



If someone who smokes picks up your baby, the smoke chemicals from their clothes will rub onto the baby, who will then transfer them to their mouth!

Baby is more likely to get asthma, chest infections and other illnesses

Babies in homes where people regularly smoke in the house are more likely to die suddenly

There is a lot you can do to reduce the risk of harm as much as possible, or even remove the risk completely.



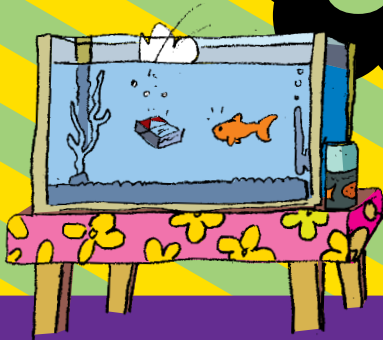
If you smoke, **pop outside**—keep an ashtray, an umbrella and a 'smoking jacket' by the door! **Then always wash your hands after your cigarette.**

**Ask your friends and relatives to have their last cigarette as long as possible before visiting the baby.**

**If they want to smoke at your house, ask them to pop outside to smoke and then wash their hands when they come back in.**



**THINKING OF  
GIVING  
UP?!?**



**You—or your friends or relatives—  
might want to take the opportunity  
to stop smoking when Baby arrives;  
if you do, the NHS can provide support  
for you all—why not stop together?**

**Call 0800 169 4219 for Leeds NHS  
Stop Smoking Service.**



**NHS**

# COVER MAGNET

HELLO!

WRITE NAME HERE:

Granny

*I'm finally here! I'd love to see  
you, but there is something  
I need to let you know...*

PROTECT  
me...



From Second Hand  
Smoke

NHS

**Pg1 of printed 10pp  
leaflet**

**Blank: magnet cover  
back sticks here**

**Second Hand Smoke** is the smoke which comes from the burning end of a cigarette and the smoke blown out by smokers. The smoke is full of **chemicals** and **poisons**, including arsenic, lead and cyanide.

SECOND HAND  
SMOKE IS AN  
**INVISIBLE**  
THREAT



**Though you can't see the chemicals, they are like invisible grey snow, falling silently onto furniture and carpets in rooms where people smoke.** They stick on your hands and clothing and rub off onto the things you touch—including me—even some time after stubbing out the cigarette.

***I DEPEND ON YOU TO  
HELP KEEP MY TINY  
LUNGS SAFE!***



**If you smoke in the room with me, then I breathe in carbon monoxide, cyanide, arsenic, lead and other *bad things*. The smoke chemicals will coat the carpets and sofas.**



If anyone picks me up after having a cigarette, the ***smoke chemicals*** from their clothes will rub onto me—and then I'll put my fingers in my mouth! I'm more likely to get asthma, chest infections and other illnesses.

**I could even DIE—and I've only just got here!**



# BACK COVER MAGNET



**NHS**





**Have your last cigarette  
as long as possible  
before visiting me...**





**Please don't smoke in the house at all, my lungs are so small they soon fill up with smoke—pop outside, my mum can help with an ashtray for you.**



Give your hands a quick  
**wash** before picking me  
up. Ask my other relatives  
and mum's friends not to  
smoke around me either.

**THANK  
YOU**

**FOR PROTECTING  
ME FROM SECOND  
HAND SMOKE!**

**Pg 10 of printed  
10pp leaflet  
Blank: magnet cover  
back sticks here**

**PROTECT  
me...**



**From Second Hand  
Smoke**

**NHS**



I'm here! I'm home!  
Small and noisy and  
newly made!



# the HomeComing



I'd like to welcome *all* my visitors.







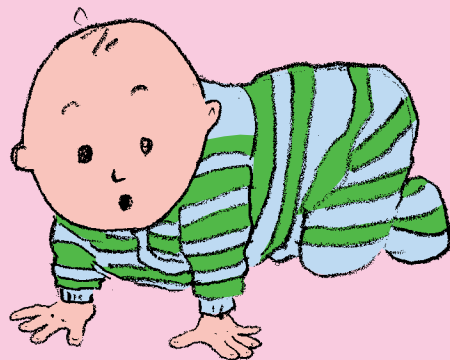
**Cyanide, arsenic and lead come off the end of the sticks and get into my lungs.**



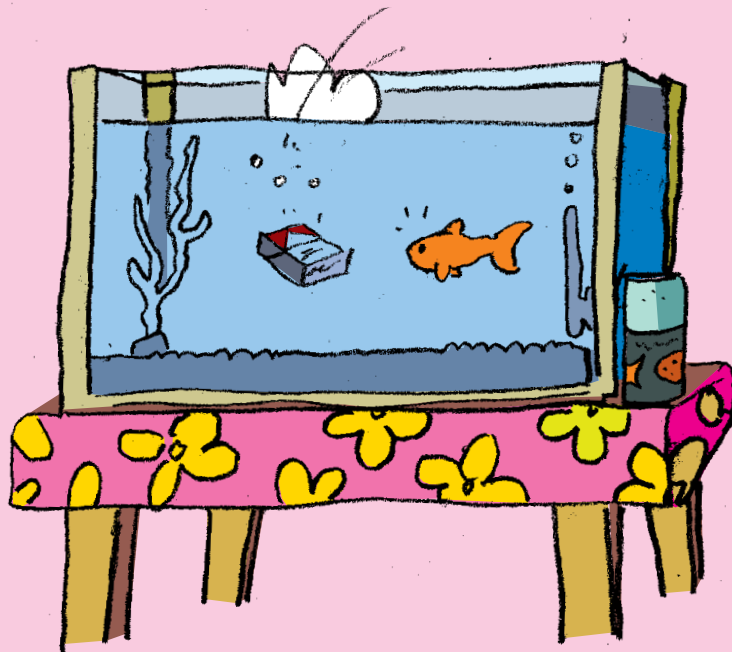
**Bits float in the air and coat the carpets and sofas, like invisible grey snow.**



**My relatives and friends  
are brilliant—they protect  
me from Second Hand  
Smoke.**



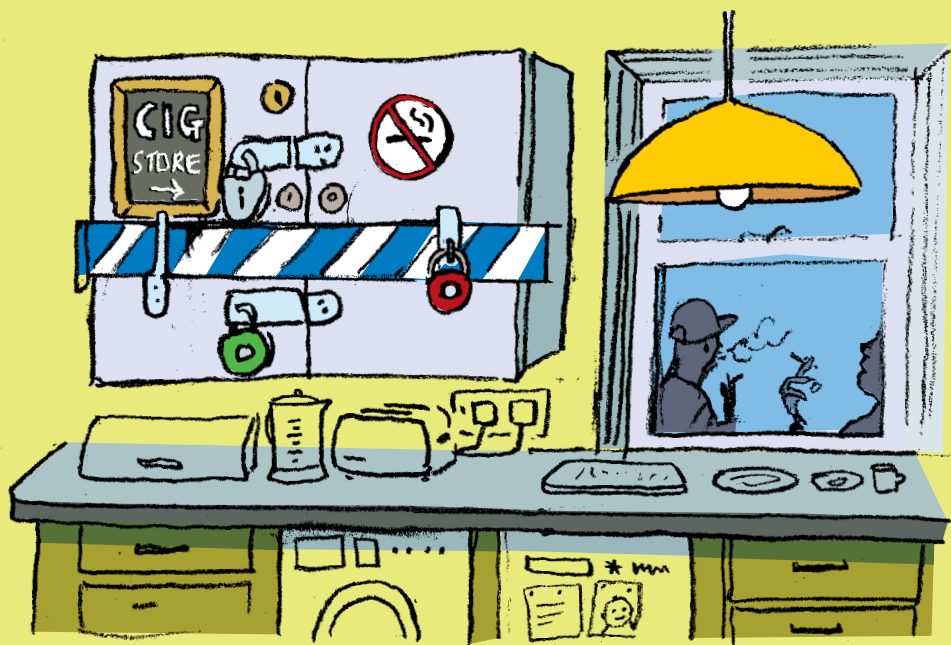
**So Aunty Meg has thrown her cigs away...**



**...Kev and Reina go outside so my little  
lungs don't fill up with smoke.**

**There's an ashtray and an umbrella at  
the back door in case it rains. Grandma  
laughs, saying "Stop smoking and save  
your money for a holiday!"**

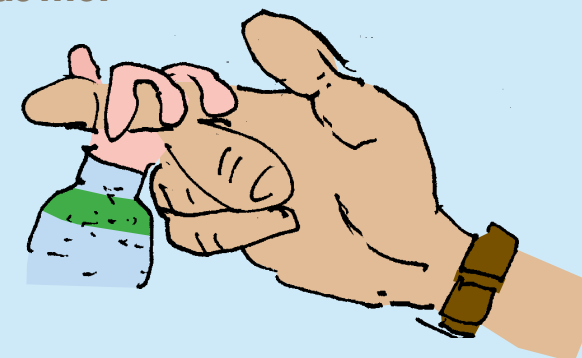
Mum has locked all cigarettes away.  
Our visitors are brilliant. They only  
smoke outside.

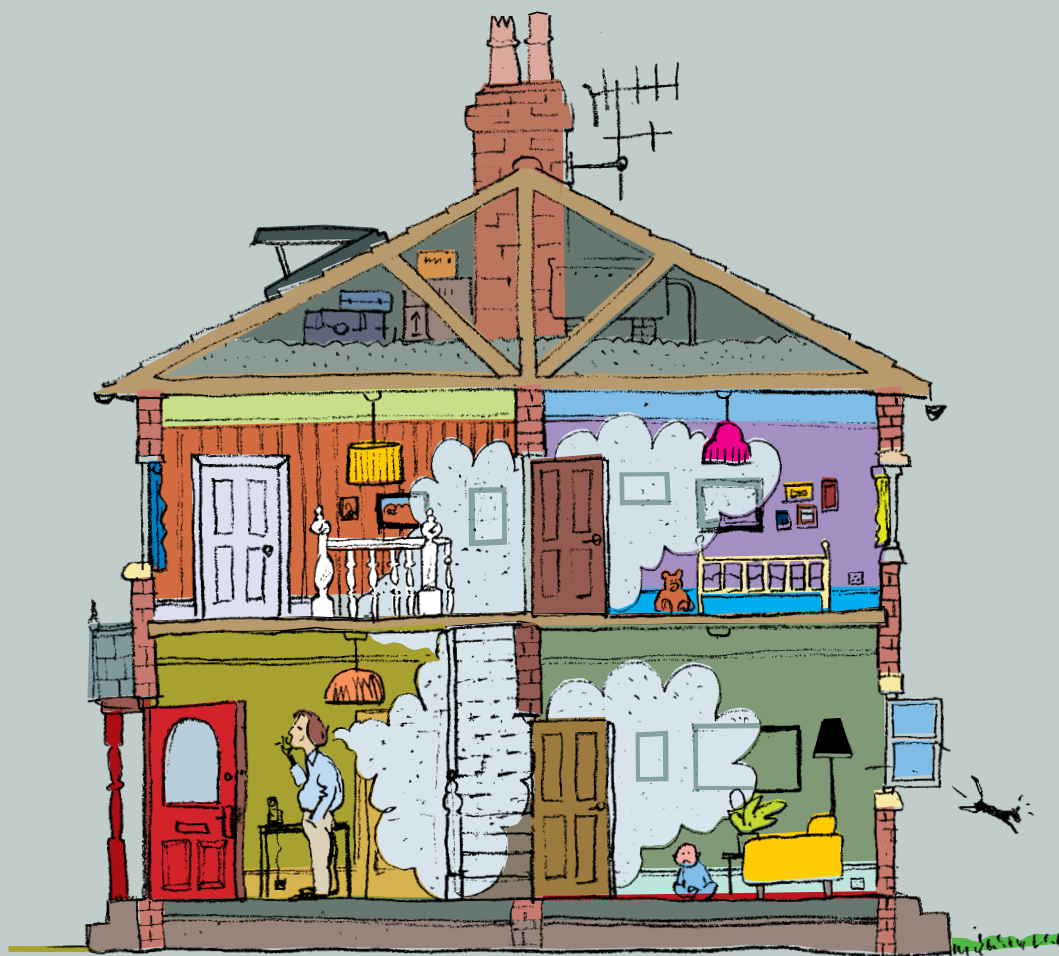


Our neighbour Hardeep  
sometimes smokes.



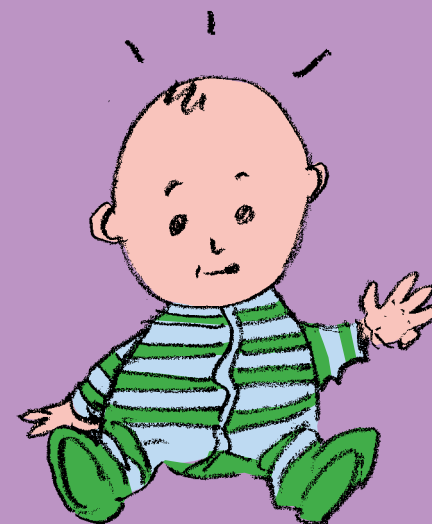
He knows I like to hold his finger and  
put it in my mouth. He always gives  
his hands a good wash before he  
holds me.





**Please remember:  
if you smoke in the  
house I smoke too.**

**A big Thank You to all my  
new friends and relatives  
for protecting me from  
Second Hand Smoke!**



# SECOND HAND SMOKE IS AN INVISIBLE THREAT

**Second Hand Smoke is the smoke which comes from the burning end of a cigarette and the smoke blown out by smokers.**

**The smoke is full of chemicals and poisons, including arsenic, lead and cyanide.**

**Babies have no choice— if you smoke in the room, they smoke too.**

**Babies depend on you to protect them from Second Hand Smoke**

**Do you want to stop smoking? If you do, the NHS can provide support for you.**

**Call 0800 169 4219 for Leeds NHS Stop Smoking Service**



#### Appendix 4

We would be grateful if you would take just a few moments to complete this short survey. You will NOT be identified from this survey. Please circle your answer to each question.

**Q1. At the present time, do you smoke?**

YES

NO

**Q2. Do you currently live with someone who smokes and/or have visitors who smoke?**

YES

NO

**IF YOU ANSWERED "YES" TO Q1 OR Q2", THEN PLEASE ANSWER THE FOLLOWING QUESTIONS**

**Q3. Have you received any information about smoke free homes? (Please tick)**

- ☐ Yes I have received information from my midwife
- ☐ Yes I have received information from another source (please specify).....
- ☐ No I have not received any information about smoke free homes

**Q4. Are there any restrictions or limits on where smoking can take place in your house? (Please tick)**

- ☐ My home was smoke free even before I found out I was pregnant
- ☐ My home has been smoke free since I found out I was pregnant
- ☐ There are NO limits or restrictions on smoking in my house

**Thank you for completing this survey**

## Appendix 5

Participant & age at study entry (baseline)	Self-reported Smoking status	Community midwife delivered interventions	Heath visitor delivered interventions
001 Age:18	Smoker	A: not applicable C: given @ antenatal appointment @40 weeks +3 days	B: given @ early start visit D: given postnatal day 10
002 Age:20	Non-smoker	A: not known C: given postnatal day 13	B: given @ early start visit D: given postnatal day 11
003 Age:28	Smoker	A: not applicable C: Not given - participant did not attend postnatal day 3 appointment with midwife	B: posted with red book D: given postnatal day 14
004 Age:17	Smoker	A: not applicable C: Not given – midwife did not visit until postnatal day 12	B: given @ early start visit D: given postnatal day 11
005 Age:21	Non-smoker	A: given @16 week antenatal appointment C: not given due to postal issues when GP surgery closed	B: posted with child health book by HV administration team D: given postnatal day 12
006 Age:30	Non-smoker	A: given @16 week antenatal appointment C: given @ 39 week antenatal appointment. (planned Caesarean-section)	B: given @ early start visit D: given postnatal day 13
007 Age: 22	Non-smoker	A: given @16 week antenatal appointment C: given on postnatal day 3	B: given @ early start visit D: given postnatal day 11
008 Age:18	Smoker	A: not applicable C: Not given	B: given at routine visit by the family nurse practitioner D: given postnatal day 10