SISTAQUIT™

Supporting Indigenous Smokers To Assist Quitting

Questions and Answers about the SISTAQUIT™ in Pregnancy trial

Why is the SISTAQUIT™ trial important?

Almost one in two Aboriginal and Torres Strait Islander women continue to smoke tobacco during pregnancy compared to one in eight non-Indigenous Australians. Maternal smoking is the most important preventable risk factor for poor health outcomes in mothers and babies, having long-term health effects on the whole community. Many factors need to be considered to effectively enable Indigenous mothers to quit smoking during pregnancy, such as their psychosocial contexts of smoking and life circumstances. Improving access to culturally sensitive and supportive treatment is essential to help women quit smoking, especially during pregnancy.

What does the SISTAQUIT™ trial aim to do?

Our study aims to improve provision of timely, evidence-based smoking cessation care to pregnant women attending Aboriginal Medical Services (AMS) and other relevant health services. A multi-component intervention based on SISTAQUIT™ guidelines includes training multidisciplinary teams e.g. GPs, Aboriginal Health Workers and midwives using webinars.

We have been exploring the feasibility and acceptability of the SISTAQUIT intervention, by pre-testing culturally appropriate resources for pregnant women, and pilot testing with six Aboriginal Community Controlled Health Services to provide teaching resources and a training program for health professionals.

We aim to increase the proportion of health providers offering assistance in quitting to pregnant smokers, measured by prescription of nicotine replacement therapy (NRT), and a client checklist measuring overall quality of smoking cessation care. We also aim to improve the quit rates of pregnant smokers, measured by carbon monoxide testing during pregnancy and after birth. And we are seeking to improve birth weights of babies and respiratory outcomes of babies in the first six months of life.

This stage of our study comprises a cluster randomised controlled trial (RCT) at 30 AMS and/or other health services/GP practices. A comparison will be made between those people receiving an intervention with those using standard care (control group).

What is a cluster randomised controlled trial (cRCT)?

Cluster RCT means that the whole service (AMS or other service) receives the intervention OR the usual care condition – this is important so there is no confusion as to which group everyone is in.

What group will my service be in – the 'intervention' or the 'usual care'?

Services who agree to be in the study will not know which group they will end up in until they are randomised: so there is an equal chance of being in one or the other group. If a service is allocated

to the 'usual care' group, they will be offered the training at the end of the study, so that everyone who participates in the trial will have access to the resources and training. Services need to know when they consent to being involved that there is a 50:50 chance of being in either group.

How does SISTAQUIT differ from other programs, e.g. Tackling Indigenous Smoking (TIS)?

SISTAQUIT is a trial to test whether the SISTAQUIT Intervention (health provider training + resources) is effective compared to usual care for pregnant Aboriginal and/or Torres Strait Islander smokers. Hence SISTAQUIT is specifically targeted and tailored for pregnant Indigenous women, who we know have specialised needs and care requirements. Most smoking cessation training and/or programs are more general, e.g. TIS (Tackling Indigenous Smoking), and may not be specifically tailored for pregnant (Indigenous) women. SISTAQUIT complements TIS and other smoking cessation programs by enhancing efforts to reduce smoking in this important, priority population (pregnant women). Services can be involved whether they do or don't have existing smoking cessation programs.

What does being involved entail?

We are inviting services to nominate their interest in being a study site. Each site that is formally recruited will receive reimbursement for the research activities undertaken for the trial. If your service is in the intervention group, it will receive the training and resources at the start of the project. If your service is in the usual care group, it will be offered training and resources at the end of the project. **Pregnant women who are smokers and agree to be in the study will receive a shopping voucher for their participation at each evaluation point.**

Who is the Research Team?

The research team is led by Assoc. Prof. Dr Gillian Gould and Prof. Billie Bonevski from the University of Newcastle (UON). Our Aboriginal Chief Investigator is Assoc. Prof. Dr Peter O'Mara; Dr Marilyn Clarke and Assoc. Prof. Maree Gruppetta are two Aboriginal Associate Investigators.

Contact Details

Assoc. Prof. Gillian Gould (GP), Chief Investigator
Email: gillian.gould@newcastle.edu.au
Mobile: 0403 615 563

Ms Joley Manton, Aboriginal Research Assistant and Cultural Liaison
Email: sistaquit@newcastle.edu.au
Phone: (02) 4033 5720

Follow us on Twitter @sistaquit
Website: www.newcastle.edu.au/SISTAQUIT