



2026 BU-NHS Conference

Moving Forwards Together

Fusion Building, Talbot Campus
16th April 2026



Programme E

NURSES' EXPERIENCES OF CARING FOR THE CRITICALLY ILL CHILD ON PICU A SCOPING REVIEW

Alexandra Ingham (PhD Student)

Academic Lecturer in Children and Young People's Nursing

Bournemouth University



WHAT IS PICU?

- Complexity and vulnerability of patients
 - Challenges
 - Emotional intensity
 - Attrition
-

WHY DOES IT MATTER?



STRESS, BURNOUT,
MORAL DISTRESS



IMPACT ON NURSES



IMPACT ON
PATIENT SAFETY



IMPACT ON
WORKFORCE
RETENTION

THE GAP IN RESEARCH



Existing research



Limited UK specific nursing
focus

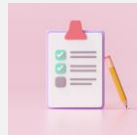
SCOPING REVIEW



Aim



Research question

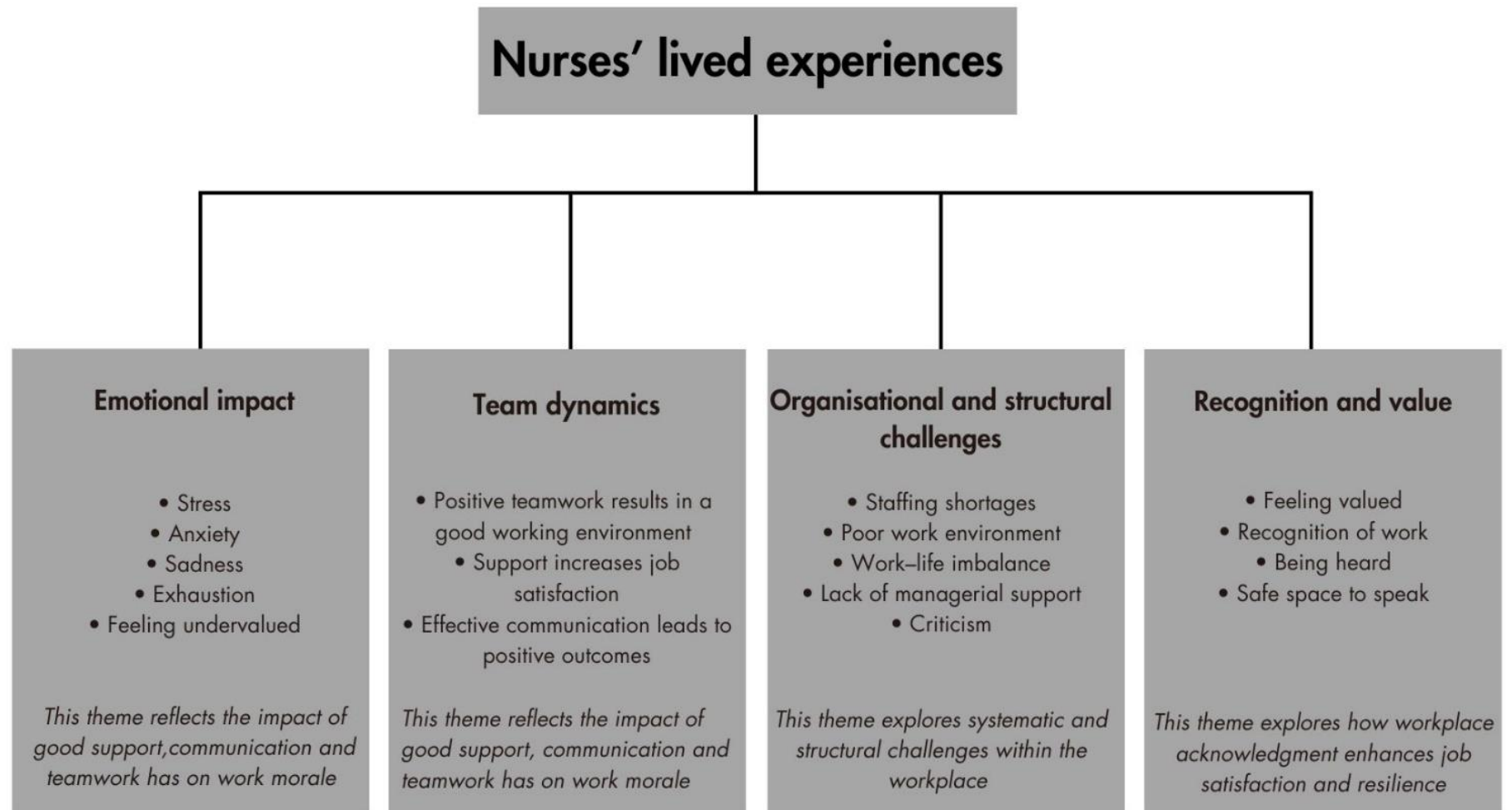


Methods



Results and findings

KEY FINDINGS



MY PHD: WHAT HAPPENS NEXT

Qualitative study
Phenomenological
approach

Semi-structured
interviews with
PICU nurses

UK-specific
insight, single
centre

WHY DOES THIS MATTER

- Individualised support
- Improving working environments
- Supporting nurses who support vulnerable children and their families





Any Questions?



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Making a difference to staff wellbeing: insights from an Appreciative Inquiry in DCH maternity service



Rachel Arnold¹, Edwin van Teijlingen¹, Preeti Mahato², Jo Hartley³

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**BU-NHS 'Moving Forwards
Together'**

Thursday 16th April 2026

Research question:

How can we support and enhance the wellbeing of maternity staff?



An Appreciative Inquiry

- Orientation + Covid
- In depth appreciative inquiry interviews (n=39) midwives, doctors, maternity support workers, student midwives
- Focus group discussions (n=4)
- Feedback, keeping the conversation going...



“Having enough staff”

“Having a good laugh with colleagues”

“An open door to management”

“The team you are on with”

“Getting a break!” (A wee, tea/coffee/chocolate/cake!)

“Receiving feedback - knowing if I am doing OK”

“Able to provide high quality care to every person”

“Finding my ‘niche’”

“Being thanked, noticed, included”

“Strategies to cope with difficult days”

“Great relationships with patients”

“A positive atmosphere on the shift”

“Doing fun things with colleagues outside of work”

“Learning something new every day”

“Feeling safe – knowing your colleagues have your back”

“Having colleagues to off load to/debrief with”

“Being able to make a difference”

“Able to ask a ‘silly’ question without being made to feel stupid”

“Management acknowledge problems – even when they can’t be fixed”

“Flexibility, support and adjustments when there is a family crisis”.





How can I enhance the wellbeing of my team?

- Encourage, support anything that builds team
- Acknowledge problems - even if you can't fix them
- Be accessible & visible
- Be flexible/supportive - when staff have a crisis at home
- Give feedback - no matter who it is
- Encourage debriefing, ensure staff have strategies/know how to access help



Impact

- Participants
- Maternity team/relationships – validation of good things already happening & their importance
- Informed senior staff/team leaders
- Sharing with other NHS leaders/local maternity unit/conferences/papers/book section



bbc.com Jonny Brownlee helped over finish line by Alistair in World Series Finale

Key findings/messages

- Everyone can make a difference to their colleague's/team's wellbeing
- Small things make a big difference
- 'Present', supportive managers vital
- Appreciative Inquiry can be transformative.

Recommendations overview...



Thank you for listening... any questions?

Arnold R, *et al.* 'I might have cried in the changing room, but I still went to work'. **Maternity staff balancing roles, responsibilities & emotions of work and home during COVID-19: An appreciative inquiry.** *Women Birth* 2024; **37**(1): 128-36.

Arnold R, *et al.* **Why use Appreciative Inquiry? Lessons learned during COVID-19 in a UK maternity service.** *Eur J Midwifery.* 2022;6(28).
doi:10.18332/ejm/147444

Hodgkiss D, *et al.* **Appreciating Health and Care. A practical appreciative inquiry resource for health & social care sector.**
Liverpool: Wordscape Ltd; 2024.

Arnold R, *et al.* **Let's get messy! Where to start with using Appreciative Inquiry.** In Hodgkiss D, *et al.* *Appreciating Health and Care: AI in practice* eBook. Liverpool: Wordscape Ltd; 2024

Appreciating Health and Care



**A PRACTICAL APPRECIATIVE INQUIRY RESOURCE FOR
THE HEALTH AND SOCIAL CARE SECTOR**



Any Questions?



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University Hospitals Dorset
NHS Foundation Trust

NHS Staff Presenting with Trauma-Related Flashbacks

A Service Evaluation of Rewind Trauma Therapy

Brief Therapy, **BIG** Impact

Dr Lorin Taranis

Consultant Clinical Psychologist

University Hospitals Dorset

What is Rewind Trauma Therapy?

A brief, structured, imagery-based intervention for trauma-related re-experiencing (flashbacks)

Brief

Typically 1–4 sessions vs 9–12 for standard treatments

Imagery-based

Uses guided imagery to reprocess traumatic memories safely and quickly

Non-intrusive

Does not require detailed disclosure of trauma content — good tolerability

Widely used in UK clinical practice with growing practice-based evidence but evidence-base is limited with few formal evaluation studies.

Service Evaluation Aims

01 Examine the effectiveness of Rewind Trauma Therapy in resolving PTSD and re-experiencing symptoms

02 Assess treatment efficiency — how quickly can outcomes be achieved?

03 Evaluate whether gains are maintained at 3-month follow-up

04 Explore implications for NHS workforce wellbeing, sickness absence, and staff retention

Methods & Design

Design

Retrospective service evaluation

Setting

Psychological Support & Counselling Service, University Hospitals Dorset

Period

April 2022 – January 2026

Participants

124 NHS staff with trauma-related re-experiencing

Measure

International Trauma Questionnaire (ITQ) at assessment, discharge & 3-month follow-up

Inclusion: ITQ criteria for re-experiencing at assessment, ≤ 4 trauma memories, able to identify a single worst memory | Exclusion: Pregnancy (1st trimester), active psychosis, current crisis

Results: Who Was Treated?

124 staff commenced Rewind Therapy

16 did not complete (13 opted out · 2 unable to undertake Rewind · 1 transferred to EMDR)

108 completed therapy

Mean treatment length: 2.4 sessions (range 1-6)

24

PTSD

66

Complex PTSD

18

Re-experiencing only
(subthreshold)

Results: Outcomes at Discharge

90%

of staff who completed therapy no longer met criteria for PTSD or re-experiencing at discharge

83%

PTSD recovery
(20/24)

90%

Complex PTSD recovery
(59/66)

100%

Re-experiencing only
(18/18)

Recovery defined as: no longer meeting ITQ diagnostic criteria for PTSD/CPTSD, or no longer reporting re-experiencing symptoms

For context: standard NHS Talking Therapies trauma treatments (TF-CBT / EMDR) achieve 40–46% recovery rates over 9–12 sessions.

Results: 3-Month Follow-Up

86%

had NO PTSD or re-experiencing symptoms at 3-month follow-up (55/64 who completed follow-up)

82%

maintained their discharge recovery at 3 months (54/64)

Of 64 who completed follow-up:

55

No symptoms at follow-up

8

Relapsed after initial recovery

1

Had not recovered since discharge

Overall relapse rate: 12% | 66 of 108 completers submitted follow-up data

Conclusions

✓ High impact, minimal input — 90% symptom resolution in a mean of just 2.4 sessions

✓ Durable gains — 86% free of symptoms at 3-month follow-up; 12% overall relapse rate

✓ Efficient & scalable — Achieves outcomes at $\sim\frac{1}{4}$ the usual treatment dose — freeing clinician time and reducing waiting lists

✓ Workforce benefits — Faster recovery supports earlier return to work and reduces risk of long-term sickness absence

Next Steps & Recommendations

1. Embed as a standard pathway

Adopt Rewind as an early-intervention trauma pathway within NHS staff wellbeing services, supporting NHS England's shift from treatment to prevention.

2. Scale across Trusts

Standardised training and supervision model to ensure sustainability and replicability without major new infrastructure.

3. Conduct cost-effectiveness research

Multi-site health economic analysis to determine cost per recovery and ROI compared to standard treatments.

4. Build the evidence base

Pursue RCT evaluation; collaborate with partners in similar occupational and healthcare settings to share frameworks and findings.

We welcome collaboration with NHS Trusts and occupational health settings to replicate and further evaluate this approach.

Thank You

NHS Staff Presenting with Trauma-Related Flashbacks:
A Service Evaluation of Rewind Trauma Therapy

Brief Therapy, **BIG** Impact

Dr Lorin Taranis
University Hospitals Dorset
lorin.taranis1@nhs.net

124

Staff treated

90%

Symptom resolution
at discharge

2.4

Mean sessions

86%

Symptom free
at 3 months



Any Questions?



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Digital Interventions for Emotion Regulation in Autism Spectrum Disorder and Attention Deficiency Disorder: A Mental Health Inequality Perspective

PhD Student: Melike Akca

Supervisors: Prof. Huseyin Dogan, Dr. Deniz Cetinkaya & Dr. Gizem Arabaci

School of Computing and Engineering, and School of Psychology



Why This Research Is Needed

Autistic and ADHD individuals experience significantly higher emotional-regulation difficulties than neurotypical peers, often overlooked in traditional assessments (Pavlopoulou et al., 2025).

Emotion-regulation challenges contribute to anxiety, depression, behavioural distress, and reduced quality of life (Jadhakhan et al., 2022; Murray et al., 2025).

Access to appropriate support remains unequal due to long waitlists, lack of ND-informed services, and barriers affecting girls, ethnic minorities and low-income groups (Hodes & De Vries, 2022).

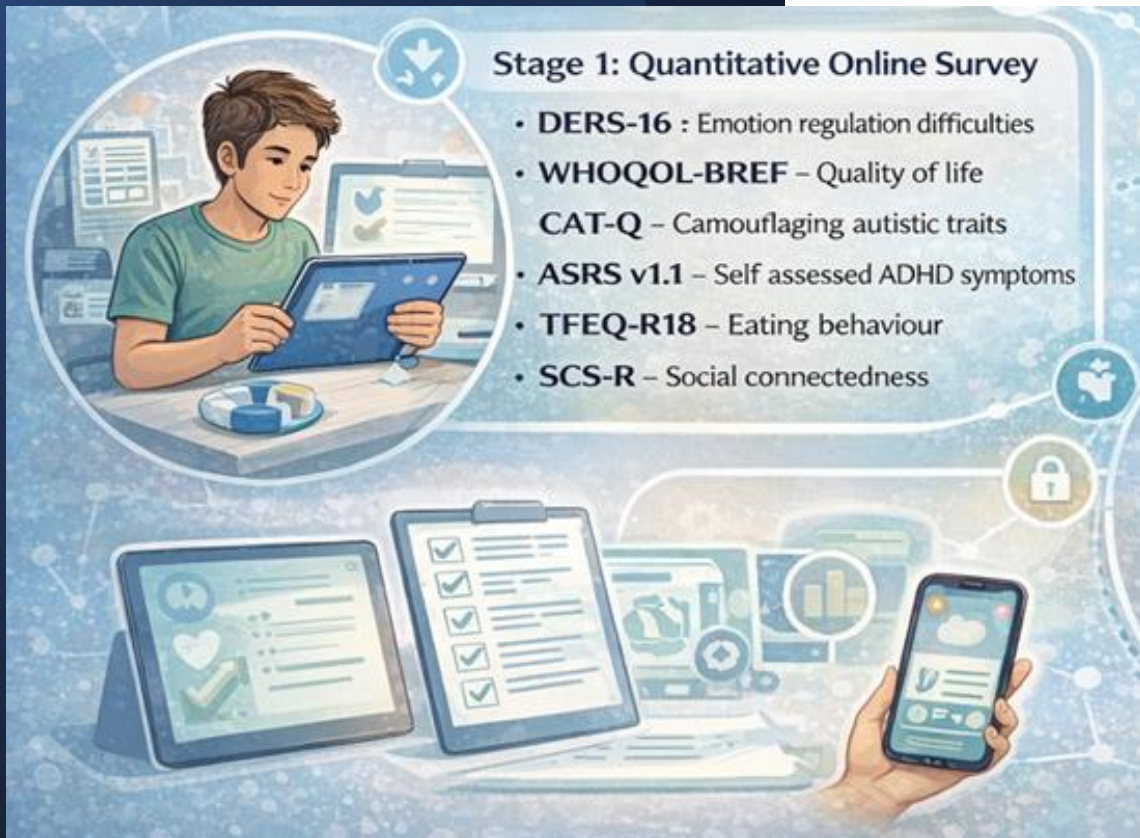
Digital interventions show medium-to-large benefits for supporting socio-emotional skills in autistic populations and can offer accessible, scalable, personalised support (Xu et al., 2024; Liu et al., 2025).

Research Aim:

To understand neurodivergent lived experiences and clinical perspectives to inform accessible digital tools that support emotion regulation.

Research Question & Methods

- **Research Question:** How can digital tools support emotion regulation for autistic and/or ADHD adults, including self-identified individuals, while addressing inequalities in emotional-wellbeing support?
- **Planned DBT-Based Digital Tool Development:** Based on findings from Stages 1 and 2, the next project phase will involve co-designing a DBT-informed digital emotion-regulation tool, tailored for sensory, cognitive, and executive-function needs of neurodivergent adults.



Stage 1: Quantitative Online Survey

- DERS-16 : Emotion regulation difficulties
- WHOQOL-BREF – Quality of life
- CAT-Q – Camouflaging autistic traits
- ASRS v1.1 – Self assessed ADHD symptoms
- TFEQ-R18 – Eating behaviour
- SCS-R – Social connectedness



Stage 2: Qualitative Study

- Neurodivergent adults (diagnosed or self-identified)
- Clinicians/professionals capturing expert perspectives
- Real-time, user-adjustable Emotion regulation tools

Early Insights & Future Directions

Future Directions:

- Co-design digital prototype with ND adults & clinicians
- Build sensory-friendly, low-cognitive-load, personalised ER features
- Conduct usability testing & refinement cycles
- Develop implementation partnerships (NHS, digital-health providers)
- Run feasibility and pilot evaluations to test real-world impact

Early Insights:

- Digital interventions have demonstrated significant positive effects on socio-emotional skills in autistic populations (Xu et al., 2024) and are increasingly recognised as beneficial for emotion-regulation support (Jadhakhan et al., 2022)
- Neurodivergent participants highlight the essential role of predictable, supportive environments and autonomy in choosing ER strategies (Pavlopoulou et al., 2025)
- There remains limited evidence on digital emotion-regulation tools tailored to ADHD or autistic adults specifically, indicating a significant research gap (Murray et al., 2025)

Collaboration Invitation:

- We welcome collaborations with clinicians, neurodivergent-led organisations, digital-health developers, and researchers specialising in autism, ADHD, or emotion regulation.

Contact:

makca@bournemouth.ac.uk or dcetinkaya@bournemouth.ac.uk



An exploration of end of life care for people with severe mental illness – ongoing study with UHD

Sonya Chelvanayagam MSc, RN (MH), RN (adult)

Senior Lecturer in Mental Health Nursing

School of Health & Care

Bournemouth University

PhD Supervisors: Dr Michele Board, Professor Debbie Holley, Professor Sam Porter & Dr Saskie Dorman

Research Aim & Plan

- To identify and explore the reasons for the standard of care received by people with severe mental illness (SMI) at the end of their lives (within acute hospital settings)
- People living with SMI experience increased physical co-morbidities, reduced life expectancy, and delayed diagnosis of life-threatening illnesses due to difficulties accessing care and minimisation of health concerns (Jerwood, 2021)
- Semi – structured interviews with registered nurses exploring their experiences of caring for people with SMI, particularly at the end of their life

Initial Results

5 nurses interviewed – **more please!**

Themes emerging:

- Good Death – Ideal vs Reality
- Emotional Burden of Caring
- Acute Hospital – Wrong place for dying & mental illness
- Absence of a Pathway for Mental Illness & Dying
- Practice shaped by Professional & Personal Experience

Next Steps

Recruit more nurses to study!

Criteria

- Registered nurses (adult) with at least one year of clinical experience
- Experience of caring for people with mental illness (not necessarily at the end of their lives)
- Experience of providing end of life care



Please scan the QR code, speak to me and/or email me.

Thank you
Sonya Chelvanayagam
schelvanayagam@bournemouth.ac.uk



Any Questions?



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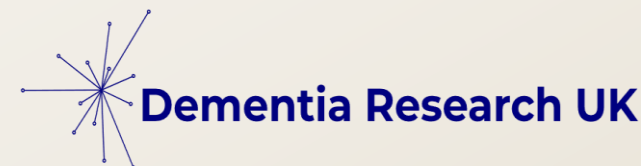
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AFTERNOON BREAK



Co-creating an Animated Film with Veterans Living with Dementia through Storytelling, Drawing, and Personal Artefacts



PI. Dr Michele Board, Associate Professor, Co-lead of Ageing and Dementia Research Centre (ADRC)

Funded by Dementia Research UK

Project team:

Rebecca Dew, Helen Aldridge, Emma Lucas, Alexandra Dowding (HEMS);

Professor Paula Callus, Dr Reza Yousefzadeh, Susan Sloan (FST);

Vikki Tweedy – Consultant Nurse (Dementia and Frailty), Dorset County Hospital NHS Foundation Trust

Project Aim/Objectives

Aim - to raise awareness of dementia in the veteran and health community and develop 'brain health' education for this population

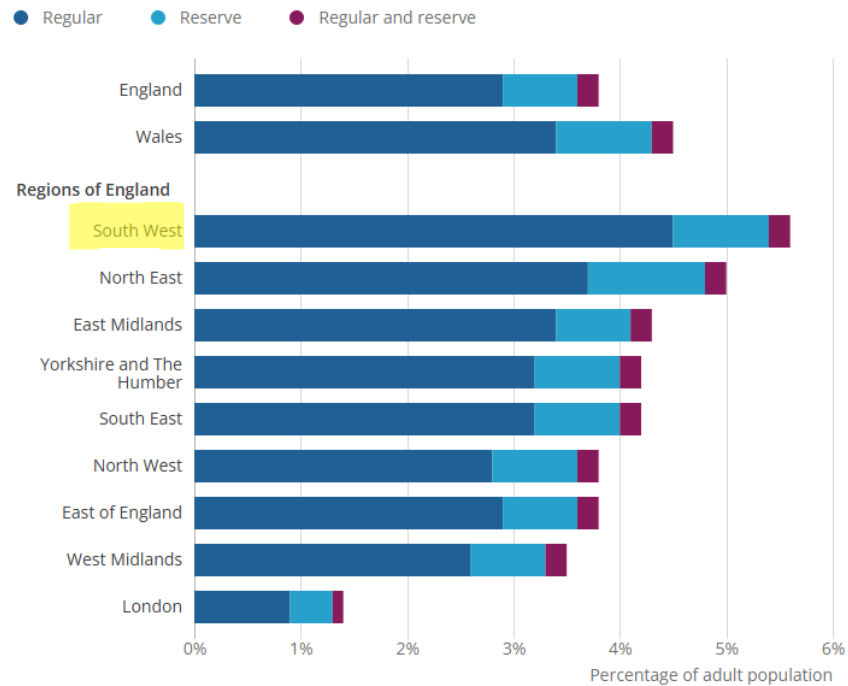
Objectives and progress:

- Undertake a literature review to explore veterans' experiences of services (due to be submitted)
- Engage veterans living with dementia in Dorset to understand their experiences of being a veterans with dementia (film made sharing their insights)
- Questionnaire to veterans to explore their barriers and enablers of accessing services if they are worried about their memory (currently being analysed)
- Work with veterans to create an animation to contribute to a health promotion materials around brain health for veterans (being shared today)

Context

Figure 2: The South West had the highest proportion of UK armed forces veterans

Percentage of the population aged 16 years and over who had previously served in the UK armed forces, 2021, England, Wales and regions of England



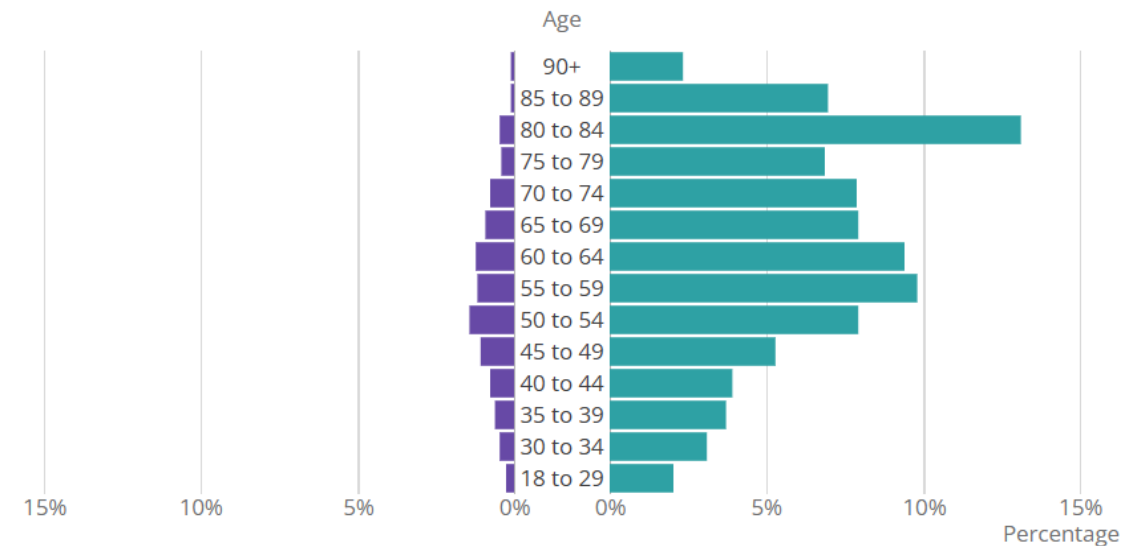
Source: Office for National Statistics - Census 2021

In England and Wales, 21.1% of veterans were aged 16 to 49 years old. 47.2% were aged 50 to 79 years old, and 31.8% were aged 80 and over.

Percentage of male and female veterans by age bands, Veterans' Survey 2022, UK

Females

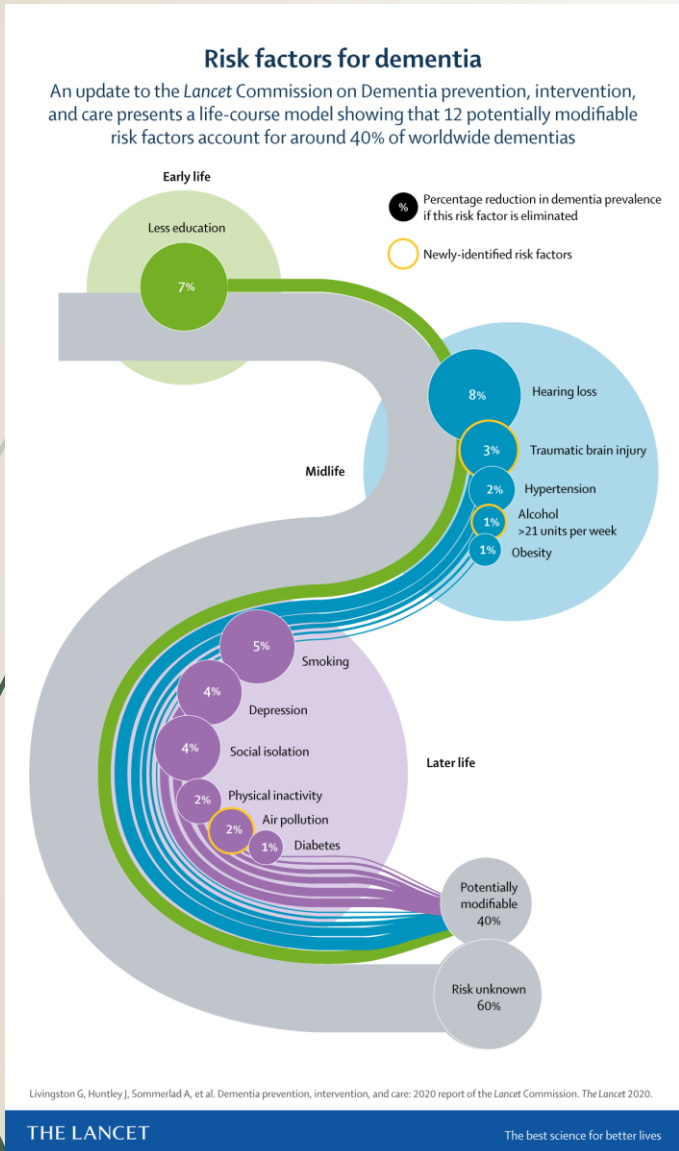
Males



Source: The Veterans' Survey 2022 from the Office for National Statistics

In the UK, approximately 982,000 people are living with dementia and this figure is predicted to increase to 1.4 million by 2040 (Alzheimer's Society, 2024).

Veteran risk factors for dementia




The veteran community living with dementia faces distinct challenges due to their military service, such as exposure to traumatic events, increased risk of certain types of dementia, and unique healthcare needs. Several factors necessitate this research:

- Veterans come from diverse backgrounds, branches of service, and eras of service, resulting in varied experiences and challenges related to dementia.


- **Veterans may require specialized dementia care that takes into account their military service-related experiences and needs.**

- There appears to be barriers to accessing dementia care services, including service-related stigma and lack of knowledge about available resources.

- This is a marginalised group within a marginalised group. Given the SW population of veteran's, we are keen to raise awareness and develop specific support around those living with dementia and brain health.



Participatory Research – to raise awareness of brain health for veterans

- Research reflects the real-world needs and experiences of this population
 - Participant involvement increases trust, ownership, and use of results
 - Sense of comradery when veterans share their experiences together
 - Invited veterans to work with our animation colleagues to develop an animation of brain health
- 

“To reconstitute events in a story is no longer to live those events in passivity but to actively rework them, both in dialogue with others and within one’s own imagination.” (Jackson 2002: 15)

Day one: **Context Setting and Building Trust**

Scope of the Project

Talking about oneself -

Using an object to talk about...

Creating an illustrated concertina book



Day Two: From key words to short stories

Using key words from Prof. Board's ongoing research and surveys

Prompts for short stories

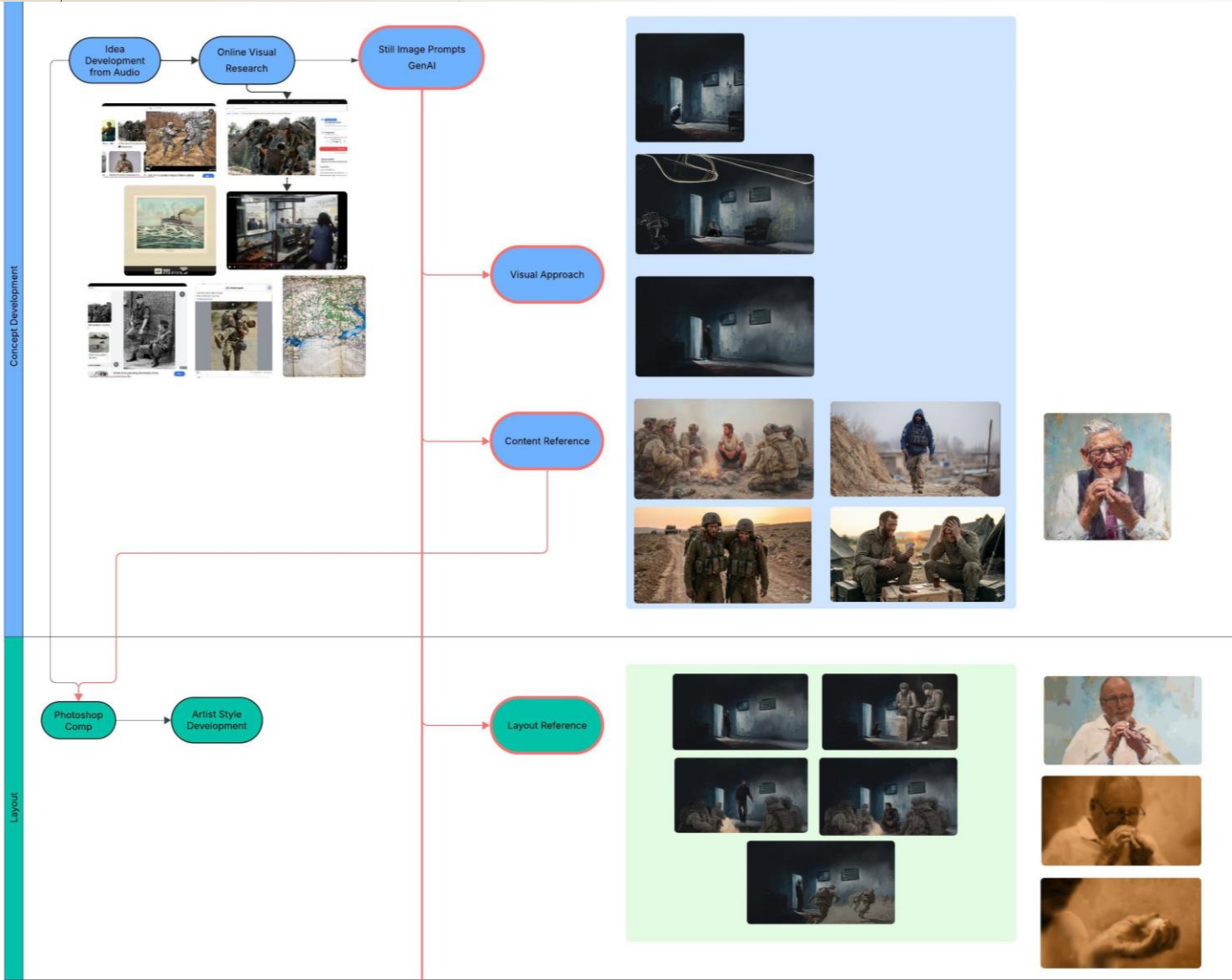
Participating and sharing memories

“without stories, without listening to one another's stories, there can be no recovery of the social, no overcoming of our separateness, no discovery of common ground or common cause” (Jackson, 20: 114)

Pride
Accomplishment
Weakness
Doctors
Fragility
Stigma
Fear
Hospital
Military Culture
Vulnerable
Friends
Alpha Male
Control
Coping
Discipline
Shame
Denial
Understanding
Confidential
Veterans
Identity
Acceptance
Awareness
Seeking Help
Isolation
Family
Old Age
Work
Strength
Army



Re-presenting Re-imagining Re-turning





[Video Project 1.mp4](#)



Next Steps

Raise awareness of the unique needs of this population to health and social care providers

Road show to veterans' group to share film and brain health strategies

Seek collaborators to develop bids for additional funding

Thank you for listening

See ADRC SERVED page for
more information:



We would like to thank Dementia Research UK for funding this project.

We would also like to thank those who helped us make contact with veterans and have collaborated and/or supported us in the creative workshops project.

Importantly, thank you to the veterans who have shared their time with us.



Any Questions?



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**An evaluation of
University Hospital Southampton's
midwifery-led Integrated Antenatal Care
Pathway**

Louise Barton

Background



Smoking during pregnancy

Why does it matter?



Smoking during pregnancy is the leading yet preventable causes of :

Stillbirth

Miscarriage

Sudden infant death syndrome (SIDS)

Cleft lip and palate

Preterm birth

Low birthweight

Congenital heart defects

ASH 2021, Connolly et al 2024, Thomson et al 2022

Smoking during pregnancy

Why does it matter?



Smoking during pregnancy also increases the risk of children developing:

respiratory problems

behavioural/neurodevelopmental disorders

obesity

diabetes

childhood cancers

middle ear infections or a permanent hearing impairment



**University Hospital
Southampton**
NHS Foundation Trust

Development of Southampton's Midwifery-led Integrated Antenatal Care Pathway

University Hospital Southampton (UHS) Integrated Antenatal Care Pathway

Community Antenatal Care

'Southampton Healthy Living' Service was decommissioned in 2019

Referral to external smoking cessation support is no longer available during pregnancy in Southampton



UHS Maternity Services develop a new model of Midwifery-led Community Antenatal Care to support women and birthing people who smoke during pregnancy



Smoking Cessation support is provided by the woman or birthing person's named midwife during their antenatal appointments

UHS Integrated Antenatal Care Pathway

In-patient Antenatal Care

The Ottawa Model for Smoking Cessation (OMSC)

A hospital-based smoking cessation programme is developed in Ottawa, Canada in 2002



The CURE Project (Manchester)

The positive outcomes observed when the OMSC was implemented in Canada, led to the development of Manchester's CURE project, 2018



The NHS Long Term Plan (2019)

Implementation of a modified version of the CURE model of care is recommended within maternity services

University Hospital Southampton (UHS) Maternity Services began providing smoking cessation support to women who are receiving inpatient antenatal and postnatal care in July 2023

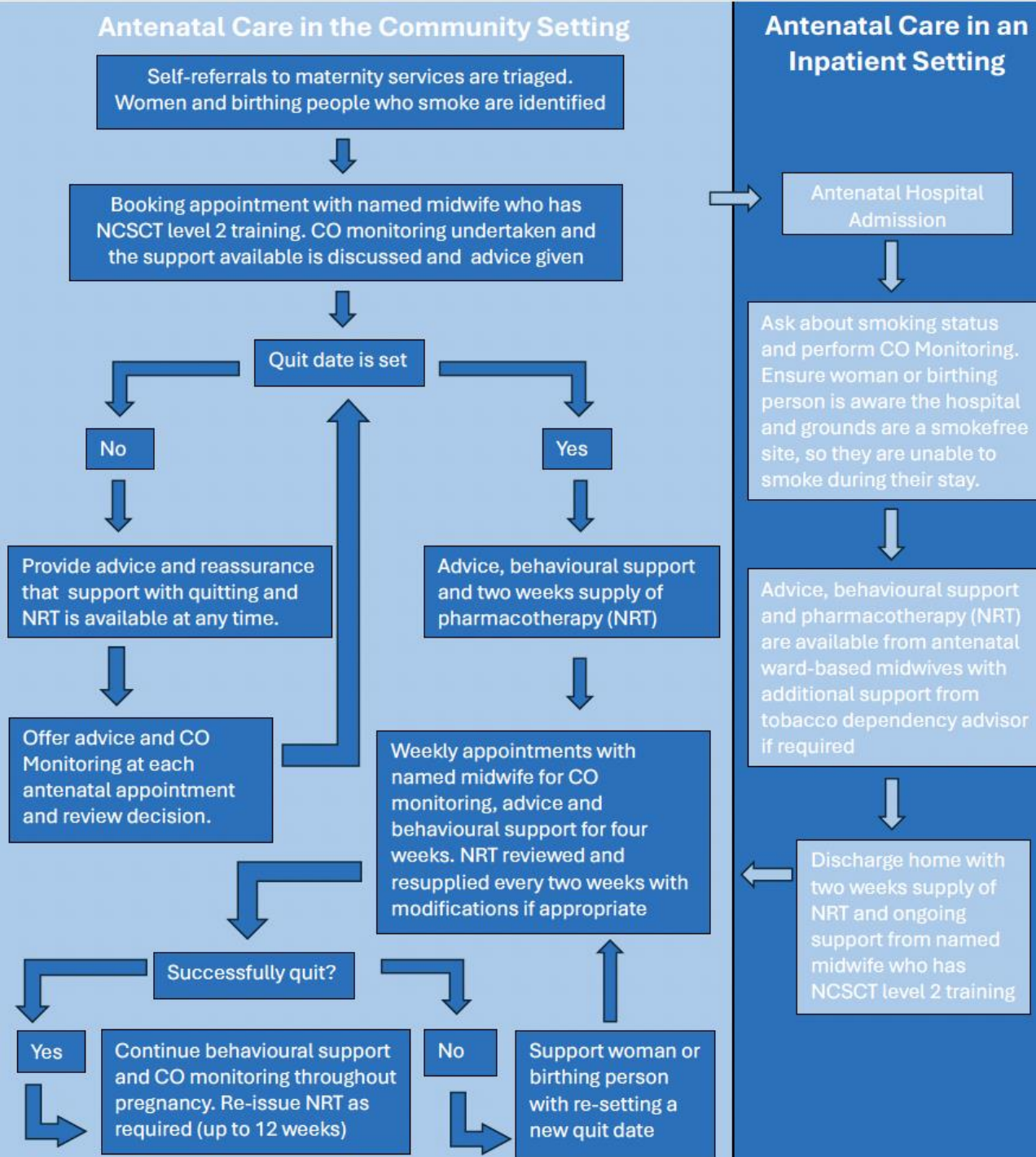




**University Hospital
Southampton**
NHS Foundation Trust

Development of Southampton's Midwifery-led Integrated Antenatal Care Pathway

- Antenatal Care in the Community Setting
- Antenatal Care in the Hospital Setting
- Underpinning Support for Midwives



Phase One Study Design

Phase Two Data Collection

Phase Three Data Analysis

Obtain ethical approval

Inclusion criteria:

Service Users (women and birthing people) who:

- are currently pregnant or who gave birth during the last year
- smoked cigarettes during their pregnancy
- received their antenatal care from Midwives and Tobacco Dependency Advisors (TDAs) who are employed by University Hospital Southampton NHS Foundation Trust

Service Providers (Midwives and Tobacco Dependency Advisors) who:

- are employed by University Hospital Southampton NHS Foundation Trust
- provide antenatal care to women and birthing people who smoked cigarettes during their pregnancy

Mixed Method Study

Qualitative Data Collection

Quantitative Data Collection

Identification of Study Participants who meet the inclusion criteria

Purposive Recruitment of Study Participants

Answer questions and facilitate process of informed consent
Schedule Interview

Pilot Interviews

Pre-Interview Questionnaire

Demographic data used to situate the study participant and stimulate interview discussion
It will not be used for statistical analysis purposes.

Semi-structured Interview

Debrief
Transcribe interview

Participant review of transcript

Thematic Analysis of transcripts
Braun and Clarke's (2022) Six Step Process

Phase One Data Collection
Takes Place when recruitment of qualitative interview participants commences

Phase Two Data Collection
Takes place when analysis of qualitative data is complete

Statistical Analysis

Combined analysis and presentation of findings

Meetings with PPI participants to:

- develop recruitment materials
- identify appropriate methods of recruiting study participants
- determine the study's inclusion/exclusion criteria:
- write the semi-structured interview schedules

For every woman and birthing person receiving maternity care from UHS, the following data is recorded and will be obtained via the UHS maternity data manager:

- Smoking status and CO measurement at booking appointment
- Smoking status and CO measurement when they were admitted to hospital (if admission occurred during pregnancy)
- Smoking status and CO measurement at 36 weeks (or at birth if they gave birth before 36 weeks)
- Birth Outcomes – including birth status, birth weight, gestation at the time of birth
- Smoking status at postnatal discharge (and CO measurement if UHS data collection commences)

Involving Experts by Experience

Going beyond £25 and a biscuit!

Greenhalgh 2019, Ocloo & Mathews 2016, Perry & Mullins 2023





It can be brutal, you feel attacked

You shut down and think smoking here we go again

What difference will I make?

I was worried about premature labour

I told her (midwife) I had a cigarette, and she said don't do that's not

What will I be expected to do?

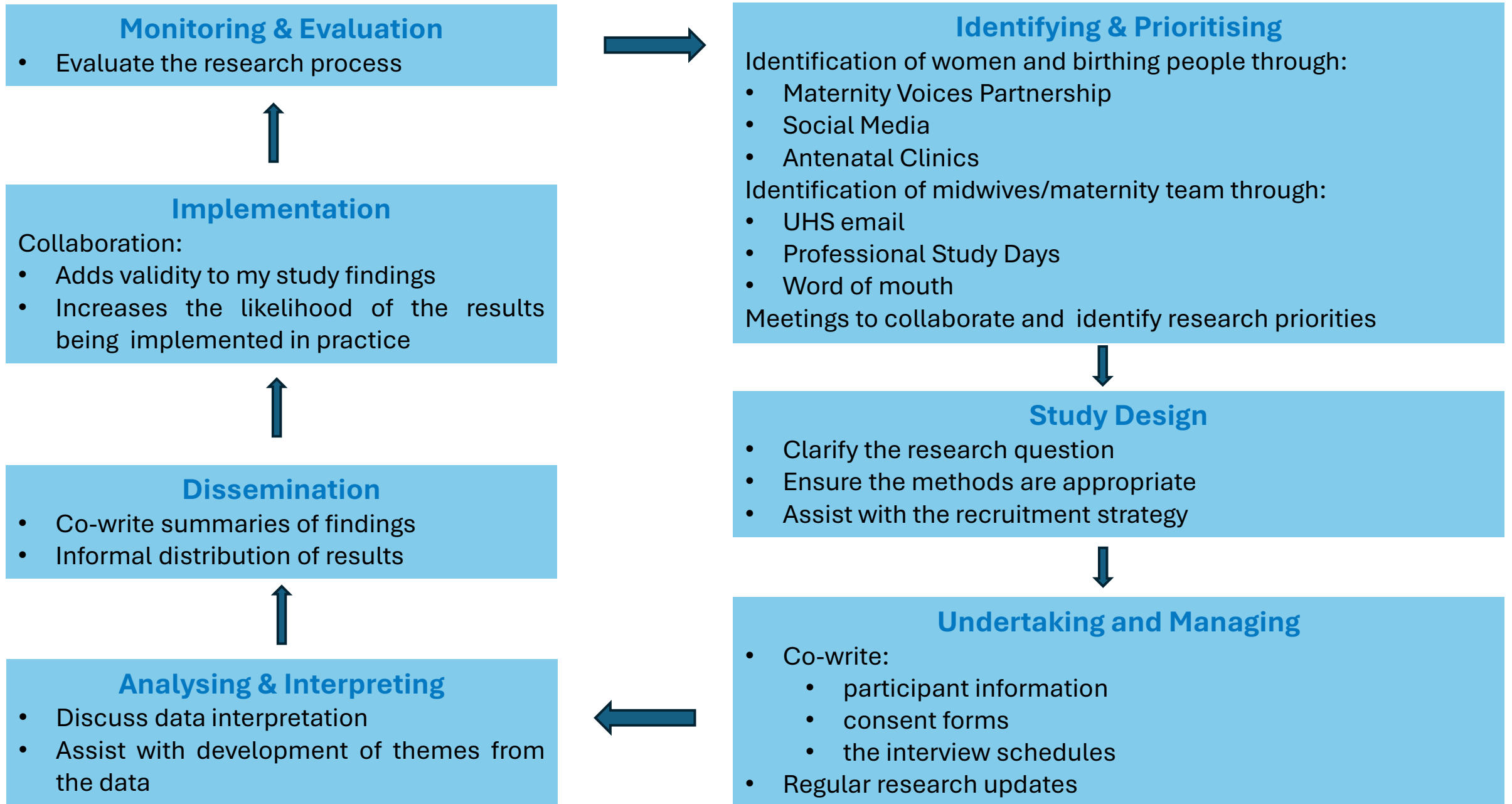
Have I got the right experience?

Why do researchers want to involve me in their research?

I struggled at first, but being pregnant gave me motivation to stick with it

Judgemental

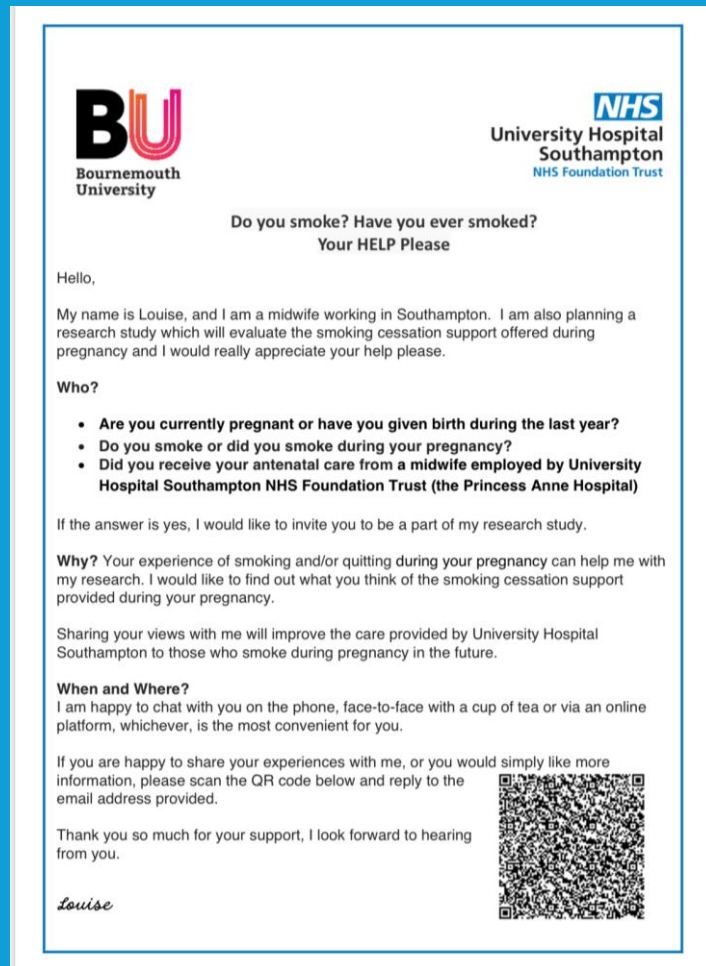
A 'study-focused' framework to facilitate involvement



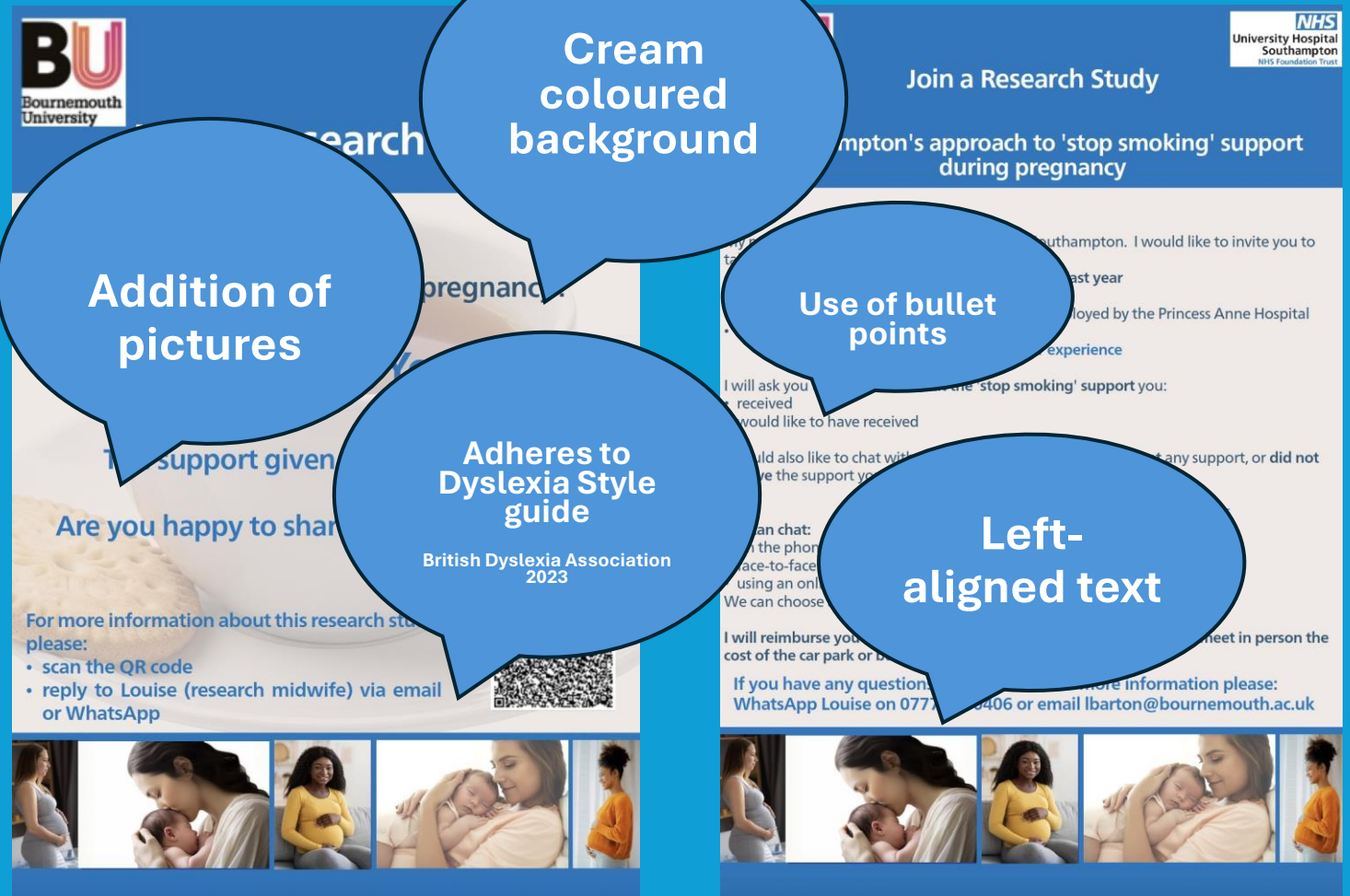
So far...



Embedding Feedback into my Research Study



Before



Afterwards

My Participant Information Booklet...



Ref & Version:
Ethics ID:
Date:

Southampton's approach to smoking cessation during pregnancy Participant Information Sheet

Invitation to take part

You are being invited to take part in a research study. Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully and discuss it with your colleagues, your 'professional midwifery advocate' (PMA) or your clinical leadership team if you wish. Please ask Louise (research midwife) if you would like more information (WhatsApp: 07776 530406 or email lbarton@bournemouth.ac.uk).

Who is organising/funding the research?

Hello, my name is Louise Barton, and I am a midwife working in Southampton. The Princess Anne Hospital has asked me to evaluate the smoking cessation support their midwives offer during pregnancy, and I would really appreciate your help please.

My research is being carried out as part of a PhD Degree, funded by both Bournemouth University and University Hospital Southampton (UHS) NHS Foundation Trust. I have also worked with a team of service users (women/birthing people who smoke and who are pregnant or have recently given birth), midwives and tobacco dependency advisors to develop this study, write this information factsheet (and the accompanying consent form) and determine the questions that will be asked during the 'research interviews' (informal chats) that are described below.

What is the purpose of the research?

The purpose of the research is to find out how the smoking cessation service provided by UHS midwives works.

To do this I will be seeking the opinion of both:

- Midwives and Tobacco Dependency Advisors (TDAs) providing the service
- women and birthing people who are either currently pregnant or who have recently given birth and who smoked during their pregnancy.

Why have I been invited to take part?

You have been invited to take part because:

- You are a midwife or tobacco dependency advisor employed by University Hospital Southampton NHS Foundation Trust (working for the Princess Anne Hospital) providing antenatal care to women or birthing people who smoke/or have smoked during pregnancy

Unfortunately taking part in the study is not possible if you:



Ref & Version:
Ethics ID:
Date:

- Do not provide antenatal care to women or birthing people who smoke/or have smoked during pregnancy
- Are unwilling or unable to be interviewed

Do I have to take part?

Deciding whether or not you take part is an individual choice. Your decision will not affect your employment at UHS. Additionally, if you or any family member has an on-going relationship with Bournemouth University or the research team, your decision to take part (or not to take part) will not affect this relationship in any way.

Before you make your decision, it is important you understand what participation involves. Please read all the information provided carefully and ask any questions you may have.

What does taking part involve?

You will be asked to take part in a 'research interview'. This is an informal chat with me, Louise.

Before we meet,

I will ask you for:

- **Your phone number and an email address** if you have one - this will be used to arrange the time, date and location of your 'research interview'
- **Personal information** - including your age, ethnicity and personal smoking habits.
- **Professional experience** - including the length of time you have provided antenatal care and the frequency with which you provide care for women and birthing people who smoke

This information will be anonymised and used as part of the data analysis process.

I will also ask you to **sign and keep** a participant agreement form and this information sheet. A copy of your participant agreement form will also be kept by Bournemouth University as a record of how we conducted the research and who took part. This form will be kept after the research is complete. The only personal information in this document will be your name and signature; it will not be stored with your anonymised research results.

During our conversation, I hope to develop an in-depth understanding of the smoking cessation support you provide or would like to provide to women and birthing people during their pregnancy. This is not a test of your knowledge about smoking in pregnancy; there are no right or wrong answers.

It is anticipated that our conversation will take approximately an hour. I have worked with a team of service users (women and birthing people who are either pregnant or who have recently given birth and who smoked during their pregnancy) and service providers (midwives, midwifery managers and tobacco dependency advisors) to develop a list of topics that you may

Sorry, due to my dyslexia I can't read it

Participant A

Boring

I would struggle to read it because it's so long

Participant B

Puts people off participating

...A Brutal Review



Smoking cessation during pregnancy Southampton's approach



Your invitation to join a Research Study



So much easier to read and understand

The contents page is a great idea

I like the photo it makes it friendly and welcoming

Contents

- Introduction
- What is this research study about?
- Why have I been invited to take part?
- Do I have to take part?
- What does taking part involve?
- Before we meet
- During our conversation
- After our conversation
- Storing and using your information
- Sharing your personal information with third parties
- Advantages of taking part
- Disadvantages of taking part
- Will I be reimbursed for taking part?
- Notes
- Further information
- Contact us 14

Southampton's approach to smoking cessation during pregnancy

Introduction

Hello, my name is Louise,

I am a midwife working in Southampton. I would like to invite you to take part in a research study about smoking in pregnancy.

This booklet tells you about the study and what happens if you take part.

Please read all the information carefully and let me know if you:

- have any questions
- would like more information



You can message me on 07776 530406 or email lbarton@bournemouth.ac.uk



• 'helps a lot especially with my dyslexia'

Using the pictures is fab!

'so much nicer and easier to read'

What is this research study about?

...the 'stop smoking' support available to you

...your pregnancy and pregnancy care from a midwife employed by the hospital*

...study as part of

...Bournemouth University
• The Princess Anne Hospital*

(*The Princess Anne Hospital is part of Unive

Thank you
for listening

Any
questions?

CMWH Centre for Midwifery
and Women's Health
Bournemouth University

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Academic Supervisors:

- Edwin van Teijlingen
- Daisy Wiggins

Faculty of Health, Environment and Medical
Science

Bournemouth University



Any Questions?



Moving Forwards Together BU-NHS Conference
16th April 2026



2026 BU-NHS Conference

Moving Forwards Together



END OF SESSION E
Programme continues in FG06 & SHARE