

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	INTERVENTIONS FOR PREGNANT WOMEN WHO USE TOBACCO AND OTHER SUBSTANCES: A SYSTEMATIC REVIEW PROTOCOL
AUTHORS	Jackson, Melissa ; Baker, Amanda; McCarter, Kristen; Brown, Amanda; Gould, Gillian; Dunlop, Adrian

VERSION 1 – REVIEW

REVIEWER	Sarah Gentry University of East Anglia, UK
REVIEW RETURNED	17-Jul-2019

GENERAL COMMENTS	<p>This article is a protocol for a systematic review of smoking cessation interventions for pregnant women who are nicotine dependent and have been treated for use of alcohol and/or other psychoactive substances. Any studies making a quantitative assessment of outcomes will be eligible for inclusion. The rationale for the review is the growing acknowledgement of a need for smoking cessation interventions for vulnerable groups, including pregnant women who misuse substances, and there are currently no reviews available on smoking cessation interventions for this group.</p> <p>Strengths:</p> <ul style="list-style-type: none"> - The review protocol follows the PRISMA statement - Inclusion and professional translation of studies not published in English - The search strategy appears robust. Database searches contain a mix of MeSH and free text terms and grey literature will be searched - Use of Covidence software to support the screening process - Independent double screening, data extraction and quality appraisal - Use of a piloted data extraction sheet developed based on Cochrane handbook recommendations - Use of EPHPP quality assessment tool - Plan to conduct a narrative synthesis due to likely study heterogeneity according to Cochrane guidance - No restrictions based on study type, substance used, language or time since publication. <p>Suggestions for improvement:</p> <ul style="list-style-type: none"> - I am unclear as to why electronic cigarettes are included as a tobacco product as they do not contain tobacco. I would suggest not including these as a tobacco product. Instead you might consider any studies in which e-cigarettes are used as part of a smoking cessation intervention as there is growing evidence that they may be an effective aid to smoking cessation in the general population (see e.g. Hajek et al. 2019).
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	<p>- You state that treatments that target cannabis smokers will be excluded. Will you include interventions for dual cannabis and tobacco cessation? If not, I think this needs justification.</p> <p>- I would suggest clarifying the definition of 'completed treatment' – does this mean women who have completed treatment and are in recovery, and not women who complete substance misuse treatment and then relapse to substance use, or both groups?</p> <p>- Justification of the choice not to involve patients and the public in protocol development</p> <p>- Dissemination strategy – I would recommend broadening this to include media and perhaps social media dissemination.</p> <p>Overall, I think this protocol presents plans for a robust and relevant systematic review, but could be improved with some minor modifications. Thank you for the opportunity to review your protocol.</p>
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REVIEWER	Nancy Poole Centre of Excellence for Women's Health, Canada
REVIEW RETURNED	02-Aug-2019

GENERAL COMMENTS	<p>This review is much needed. Alcohol and other substances of interest that are co-used are appropriate. Good that 'intervention' is included as a term as we are finding that that word picks up innovative brief treatment approaches. Good that a grey literature search is included, as this too will help with finding other than the same approaches that have been repeatedly described. Good that internet based interventions are included. Hope that a number of studies involving diverse women using various combinations of substances with tobacco will be found. All methods well described.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 - Comments to Author:

1. I am unclear as to why electronic cigarettes are included as a tobacco product as they do not contain tobacco. I would suggest not including these as a tobacco product. Instead you might consider any studies in which e-cigarettes are used as part of a smoking cessation intervention as there is growing evidence that they may be an effective aid to smoking cessation in the general population (see e.g. Hajek et al. 2019).

We agree that e-Cigarettes or electronic nicotine delivery systems (ENDS) appear to be playing an increasing role in smoking cessation treatment and have now made it clear in the protocol that they are included as a treatment for smoking cessation. The definition of included interventions on page 8 now reads:

Interventions to be included may be any psychological, behavioural or pharmacological treatments used to treat nicotine dependence, including the use of ENDS to reduce or aid smoking cessation. Examples may include, but are not limited to, counselling therapies such as motivational interviewing and cognitive behavioural therapy, contingency management, social support or self-help strategies and pharmacotherapies including NRT and electronic cigarettes. They may be offered in health- or community-based settings and mode of delivery may be in-person or remotely using telecommunication technologies.

After careful consideration, the inclusion of e-cigarettes as an alternative tobacco product has been removed from 'Study Characteristics' on page 8.

2. You state that treatments that target cannabis smokers will be excluded. Will you include interventions for dual cannabis and tobacco cessation? If not, I think this needs justification

We concur with Reviewer 1 that it is important to include any treatment of dual cannabis and tobacco cessation. The protocol manuscript has been amended (see 'Study Characteristics' on page 8) to reflect this, and now reads:

Treatments that target a combination of tobacco and cannabis use will be included but those that target cannabis smoking specifically will not.

3. I would suggest clarifying the definition of 'completed treatment' – does this mean women who have completed treatment and are in recovery, and not women who complete substance misuse treatment and then relapse to substance use, or both groups?

We thank Reviewer 1 for identifying this potential lack of clarity. The purpose of the original wording was to ensure all pregnant women with substance use problems were targeted. The need to obtain treatment is an indicator of problematic substance use, so the full range of the treatment process (i.e. from treatment seeking to recovery) was included to ensure that all possible interventions are captured. To make this clearer, we have reworded the participant eligibility (found in the 'Methods' section of the abstract and under 'Participants' on page 8) to:

Participants may be pregnant women of any age, who smoke tobacco. They must be seeking or having treatment, or in post-treatment recovery for the use of alcohol or other psychoactive substances.

4. Justification of the choice not to involve patients and the public in protocol development.

An explanation for not involving patients and the public has been added to the 'Patient and public involvement' section (page 10) of the manuscript. It now reads:

Patient or public involvement was not considered appropriate for the development of this protocol as it involves no patient recruitment or use of individual participant data.

5. Dissemination strategy – I would recommend broadening this to include media and perhaps social media dissemination.

This advice has been heeded and the 'Ethics and Dissemination' section (page 11) has been updated to read:

Findings will be peer-reviewed and published with all relevant additional materials including search strategies, excluded studies and data extraction. Review outcomes will also be disseminated as conference presentations, in the media and via appropriate social media platforms.

Please note that the 'Ethics and dissemination' section of the abstract has also been updated and reads:

Findings will be disseminated via peer-reviewed literature, conference presentations, media and social media.