

Methods A comprehensive literature search of published and unpublished studies (grey literature) in five electronic databases (MEDLINE, Embase, PsycINFO, the Cochrane Library and CINAHL) was conducted to identify randomized controlled trials (RCTs) that met the inclusion criteria. Supplementary searches in Google Scholar, hand searches in relevant journals, and backward and forward citation searching of included studies and relevant reviews were also conducted. A systematic approach to searching, screening, reviewing and data extraction was applied in accordance with the process recommended by the Cochrane Collaboration. Two researchers examined titles, abstracts, full-texts for eligibility independently. Risk of bias (RoB) was assessed using Cochrane RoB for randomized controlled trials. In addition, intervention and comparator group material were coded by two independent reviewers into their BCTs using the BCT taxonomy version 1. Disagreements were resolved by a consensus procedure.

Results The search of the predefined databases resulted in 6004 records, while a further 1334 records were found from other sources, giving a total of 7,338 citations. After duplicates were removed ($n = 3,241$), a total of 4,097 citations were screened against the inclusion criteria. Of these, 4,012 citations were excluded on the basis of title, keywords, and abstract. The full texts of the remaining articles ($n = 85$) were then assessed against the inclusion criteria, resulting in 36 RCTs being retained. The studies were assessed as either low or unclear risk of bias. The majority of the RCTs investigated behaviour regarding antibiotic prescribing among physicians. The findings suggest that letters that incorporate social norms techniques are effective and can lead to behaviour change, with the potential for change in clinical outcomes. The effects might be enhanced by use of behavioural instruction, and a high-profile messenger.

Conclusion The evidence from this review provides important insights for healthcare providers and health authorities regarding how to formulate the communication, and what information and behaviour change techniques to include in order to optimise the potential effect on the behaviour of the receivers.

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RISK-AWARENESS, ATTITUDE AND PRACTICE OF HEALTH CARE PROFESSIONALS TOWARDS REDUCING TOBACCO SMOKE EXPOSURE AMONG PREGNANT WOMEN AND CHILDREN

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Background Approximately 50% of Egyptian pregnant non-smoking women and 55% of children are exposed to second-hand smoke (SHS), representing a major public health concern. Health care professionals (HCPs) are well placed to help in preventing exposure and its associated health harms by increasing risk-awareness in these groups. This study aimed to explore risk-awareness, attitudes and practice of HCPs in maternal and child health (MCH) clinics in Egypt towards SHS exposure among pregnant women and children.

Methods A survey was distributed to all HCPs working in public MCH clinics in primary and secondary health care

centres in Assiut city, Egypt in 2020. The questionnaire included 12 questions exploring risk-awareness, 10 questions for attitude and 5 questions for counselling practice of HCPs. Scores on risk-awareness were classified as 'low', and 'high' risk awareness, while attitudes towards SHS exposure were classified as 'low', and 'high' negative attitudes. Scores on counselling practices were classified as good practice if 75% of questions answered with always or sometimes. Univariate analysis was performed to explore factors associated with high risk-awareness, high negative attitude and good counselling practice.

Results 367 HCPs participated in the survey (response rate 68.5%): 45% nurses, 21% gynaecologists/obstetricians, 16% paediatricians, 9% general practitioners and 9% midwives. 12.5% of HCPs reported being smokers and 70.3% reported exposure to SHS in their workplace and 51.7% in their homes. 22.1% of participants reported having received training on smoking cessation. 55.9% had high awareness of the risks of SHS exposure to health of pregnant women and children. General practitioners and paediatricians had higher risk awareness than other specialities ($P < 0.001$). 52.9% of HCPs had high negative attitude towards SHS exposure among pregnant women or children. This finding was more common among HCPs who were female HCPs (57.4%, $P = 0.01$), working in rural areas (61.3%, $P = 0.02$) and who reported not being exposed to SHS at home (59.9%, $P = 0.001$). 51.8% of HCPs reported having good counselling practice regarding SHS exposure. This was significantly associated with being female (56.2%, $P = 0.01$), serving a rural population (68.5%, $P = 0.001$), receiving previous training on smoking cessation (72.8%, $P = 0.001$) and not being exposed to SHS at home (61.6%, $P = 0.001$).

Conclusion Egyptian HCPs' awareness, attitude and practice in relation to the risks of SHS to pregnant women and children is inadequate. It is essential for them to receive additional education and training to enable them to help pregnant women/mothers of children to avoid SHS exposure.

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THE WE CAN QUIT2 SMOKING CESSATION TRIAL KNOWLEDGE EXCHANGE AND DISSEMINATION: PRIORITIES FROM A COMMUNITY PERSPECTIVE, AND RECOMMENDATIONS FOR FUTURE RESEARCH AND POLICY

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Background We Can Quit (WCQ) is a tailored community-based smoking cessation intervention comprising group support delivered by trained lay women with optional access to combination Nicotine Replacement Therapy (NRT) without charge. It was designed for women living in socioeconomically disadvantaged areas in Ireland. A pilot cluster randomised controlled trial (WCQ2) determined that WCQ was feasible and highly acceptable to the target group. A key aim of the trial