

### What is already known on this topic

The most recent systematic review evidence suggests that self help interventions designed specifically for pregnant smokers can be effective in increasing cessation rates

These reviews, however, are based mainly on efficacy trials involving staff who are specifically employed to provide the intervention

In other attempts to assess the effectiveness of such an approach within routine antenatal care, it has been difficult to implement scientifically rigorous evaluations

### What this study adds

A low cost, self help intervention was ineffective when implemented during routine antenatal care, even though it was acceptable to midwives and pregnant women

Validated smoking cessation rates among pregnant women are substantially lower than the self reported rates on which current smoking policy is based

associations between social inequality and continued smoking by pregnant women show that more complex interventions that take full account of the social and cultural circumstances of this target group are required.<sup>13</sup>

#### Implications for policy

Midwives will always have an important role in encouraging pregnant women to stop smoking, but if the government's target of a reduction from 23% to 15% in the percentage of women who smoke during pregnancy is to be met by the year 2010, more intensive interventions or interventions provided by dedicated staff will be required.<sup>14</sup> The discrepancy between biochemically validated and self reported quit rates highlights the importance of biochemical validation. This calls into question the adequacy of monitoring of the government's target for smoking in pregnancy, which currently relies on retrospective self reported smoking behaviour.<sup>15</sup>

We thank all the midwives and pregnant women who participated so willingly in the trial, and the three NHS trusts for their cooperation. We also thank the members of the Trial Steering Group, Tim Peters, Leslie Davidson, Paul Little, and Mavis Kirkham for their helpful advice and guidance; Paul Harker for assistance in developing the intervention and research proposal; and Jenny Donovan for helpful comments on a draft of this paper.

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Funding: The Medical Research Council funded the trial. Dorset Health Authority funded the development of the intervention materials.

Competing interests: None declared.

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#### Corrections and clarifications

*Work stress and risk of cardiovascular mortality: prospective cohort study of industrial employees*  
A lapse in concentration at proof stage of this paper by Mika Kivimäki and colleagues (19 October, pp 857-60) led us to assign the wrong address to some authors. The correct affiliation for Päivi Leino-Arjas, Ritva Luukkonen, and Hilikka Riihimäki is the Department of Epidemiology and Biostatistics, Finnish Institute of Occupational Health, Helsinki, Finland, and for Jussi Vahtera is the Turku Regional Institute of Occupational Health, Finland. Our apologies for getting these wrong.

#### Career focus

Two editorial errors crept into the article "Induction courses for international doctors" by Martha Swierczynski (16 November, p s159). In trying to clarify the meaning of the phrase "international doctors," we added (in the opening paragraph) "doctors who have trained in the United Kingdom." This is clearly wrong; what we had intended to add was "doctors who have trained outside the United Kingdom." Also, in the last paragraph of the section "Eligibility for induction courses" the penultimate sentence should read "Trusts [not deaneries] are advised to make the courses as accessible as possible."

#### Nurse led follow up and conventional medical follow up in management of patients with lung cancer: randomised trial

In this paper by Sally Moore and colleagues (16 November, pp 1145-7), the affiliation for Mary Wells was out of date. She has informed us that for the past three years she has been a clinical research fellow in cancer nursing at the School of Nursing and Midwifery, University of Dundee.