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Full Reference: Barnes, L, Longman J, Adams C, Passey, M. *Improving delivery of smoking cessation support in pregnancy: findings from the MOHMQuit (Midwives and Obstetricians Helping Mothers Quit Smoking) cluster-randomised stepped-wedge trial.*
Conference/Meeting Name: Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting
Location: Baltimore, USA
Dates: 4-7 March, 2026
Presentation Type: Poster



With support from Sydney Cancer Partners, I presented a poster titled *Improving Delivery of Smoking Cessation Support in Pregnancy: Findings from the MOHMQuit Cluster-Randomised Stepped-Wedge Trial* at the 2026 Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting in Baltimore, Maryland. I am grateful to Sydney Cancer Partners for the funding and the opportunity to share this research on an international stage.

The poster highlighted improvements in the consistency, documentation, and delivery of smoking cessation care across participating maternity services, along with a positive trend in quitting among pregnant women. Strengthening cessation support during pregnancy is an important cancer preventative strategy, reducing exposure to tobacco-related carcinogens for both the pregnant mother, her baby and family members, and contributing to healthier long-term outcomes across the life course.

The presentation was well received, generating strong engagement from researchers in tobacco cessation, implementation science and maternity care. Fellow researchers and clinicians were particularly interested in the trial's integrated approach, which addressed systems-level, clinician-level and leadership-level factors to embed cessation support into routine antenatal care. Discussions focused on the positive behaviour changes observed among midwives, Aboriginal Health Workers and obstetricians, and how these shifts contributed to more consistent delivery of evidence-based smoking cessation care.

Attendees were particularly interested in how pregnant women in rural areas often face greater travel distances and reduced access to maternity services and cessation care, while rural health services concurrently experience workforce shortages and capacity pressures. Discussions centred on how the MOHMQuit model could help address these inequities in tobacco-related health risks and support cancer-prevention efforts in rural and regional communities.

Overall, support from the Sydney Cancer Partners to attend SRNT 2026 provided meaningful international visibility for this work and helped me build new connections with researchers interested in maternal health, tobacco control, rural health equity, and cancer prevention focused implementation strategies.

Many thanks again.