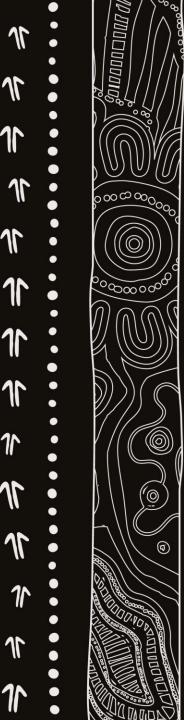
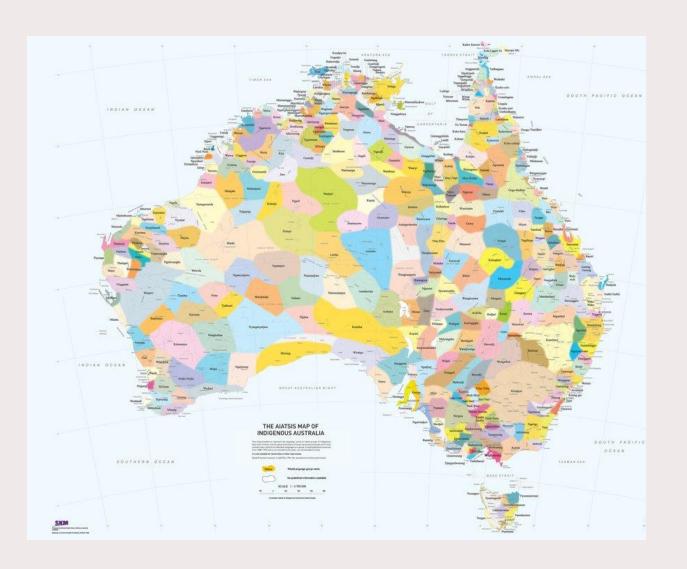
Deadly Choices

Smoking in Pregnancy

June 2025





Smoking in Pregnancy in Queensland

- For Aboriginal and Torres Strait Islander mothers and their babies, tobacco smoking during pregnancy is the most common preventable risk factor for pregnancy complications and adverse perinatal outcomes, such as low birthweight, babies being small for gestational age, pre-term birth and perinatal death (AIHW, 2024).
- In Queensland, 45% of Aboriginal and Torres Strait Islander women smoke during pregnancy, compared with 11% of all Queensland women (AIHW, 2024).
- The rate is higher in particular regions, including: Mount Isa IREG 60.2% (the second highest rate in Australia); 49% in Cairns Atherton, 47% in Townsville Mackay, 46.6% in Rockhampton, and 46.4% in Toowoomba-Roma. (AIHW, 2023).

Deadly Choices Smoking in Pregnancy Campaign

• Deadly Choices was funded through the Tackling Indigenous Smoking National Reach and Priority Projects allocation to develop a Smoking in Pregnancy Campaign to support Aboriginal and Torres Strait Islander women across Queensland.

Yarning circles held across Queensland.

Yarning circle findings analysed to inform campaign concepts.

2 x campaign concepts developed – tested with community.

Campaign concept finalised.
Go out to market.

Focus Groups & Engagement

SOUTH QLD

- Toowoomba (Goolburri)
- Redland Bay (Yulu-Burri-Ba)
- Hervey Bay (Galangoor)
- Brisbane (ATSICHS & BiOC South)
- Gold Coast (Kalwun)

NORTH QLD

- Cairns (Wuchopperen)
- Townsville (TAIHS)
- Mount Isa (Gidgee)
- Rockhampton (Bidgerdii)
- Normanton (Gidgee)
- Palm Island (PICC)

A total of **13 focus groups** were conducted across Queensland, using a consistent 10–12 question discussion guide. **84 Aboriginal and Torres Strait Islander people** participated in the focus groups. Feedback was recorded by scribes, and **the insights were reviewed to identify patterns, shared priorities, and community values**.

Key Findings

Vaping vs. Smoking

Vaping is a young person's habit, socially acceptable but still seen as harmful.

Smoking Normalisation

Deeply tied to generational and social habits.

Awareness Gaps

More awareness of short-term harms compared to long term harms.

Passive Smoke

Risks well known: vapour risks less understood. Less awareness of third hand smoke.

Smoking in Pregnancy

Often justified if other substances (alcohol, drugs) were stopped.

Motivators

Stress relief, mental health support, social connection, habit.

• Motherhood is considered a significant stressor.



Key Findings - Quitting

Enablers

Determination and 'readiness'

Strong, intrinsic motivations

Protecting children and the next generation

Supportive environments

- Partners and families
- Yarning circles and support groups
- Proactive and consistent support services

Barriers

Low confidence and self-efficacy

Addiction and the physical experience of withdrawals

Social and environmental triggers

Life instability – smoking a low priority

Lack of appropriate and holistic support services

Key Findings – Preferences for Campaign Development

Messaging

Local and recognisable voices in their community are more meaningful

Visuals and visual comparisons key to communicate harms

Practical and actionable information

Address complacency but avoid criticism & judgement

Methods

Target partners, young women and first time expected mothers

Expand outside of clinical settings for health education

Social media and incidental advertising for younger people

Print information only useful if used to support an indepth discussion

Overview

Behavioral objective:

- To increase awareness and reinforce harms and dangers of smoking in pregnancy
- To encourage expectant Aboriginal and Torres Strait Islander mothers to give up smoking

Primary audience: Expectant Aboriginal and Torres Strait Islander mothers aged 15-44 years (with a skew to first time mums-to-be) living in Queensland

Secondary audience: The families, friends, support networks and communities of these Mums



Key findings that informed the campaign

Enablers

- Need for strong, intrinsic motivations and protecting the next generation
- Supportive environments

Barriers

- Social and environmental triggers
- Lack of appropriate and holistic support services

Messaging

- Need to see local and recognisable Mums and their voices
- Practical and actionable information

Method

- Target partners, young women and first-time expectant mothers
- Social media and incidental advertising for younger people

Creative choices

Talent:

- Using real pregnant community members and using their real voices over professional actors
- Using Mums of different ages
- Using real family members where possible
- Voice over talent is also an Aboriginal and Torres Strait Islander nurse working in Brisbane
- Using a real reception staff member from an IUIH clinic
- Featuring both Aboriginal and Torres Strait Islander talent

Location:

- Chose sites that could be anywhere in QLD
- Placing our Mums in settings other than just a clinic (park/home)

Additional:

- Using the Mum/bub connection
- Using empowering language
- Inclusion of a health worker as part of the support network



Concept Process

Stage 1:

• Key findings from our yarning circles were taken to Carbon to create initial concepts

Stage 2:

- Three concepts were presented to Deadly Choices comms team
- Our comms team took these concepts to staff members across DC/IUIH/BiOC for feedback and improvement ensuring we spoke to staff who
 were:
 - Present at yarning circles
 - Mix of women and men (favouring women)
 - o Aboriginal and/or Torres Strait Islander
 - Different stages of parenthood
 - Worked with Mums regularly

Stage 3:

- · Two concepts were narrowed down and refined based on feedback from staff
- The selected concepts were returned to community yarning circles for further feedback (Brisbane and Rockhampton)

Stage 4:

- Final concept was decided based on community feedback
- Final concepts shared with select partner CCHS CEOs and IUIH ELT

Stage 5:

Post-production, production and delivery



Rollout/Delivery

Key information:

- LIVE from June 15th
- 3-month campaign
- Metro (Brisbane, Gold Coast, Logan, Sunshine Coast, Townsville, Ipswich)
- Regional (Cairns, Toowoomba, Mackay, Rockhampton, Mt Isa)
- Remote (Palm Island, Normanton)

Mixed media campaign including:

- TVCs (Broadcast and streaming)
- Billboards (static and digital)
- Convenience advertising
- Retail advertising
- Transport (metro only)
- Paid social
- AHTV (in-clinic)

Out of Home Media







Opportunities and learnings

Opportunities	Learnings
Recognisable and trusted brand	Remote locations have limited OOH media options
Access to community members through IUIH services and partner CCHS for both research and evaluation	Our findings suggest women will only quit when they are ready – so needed to create a campaign that supports and empowers them
Part of a trial evaluation process – offering us a deeper look into the effectiveness of the campaign	Shooting outside meant dependent on the weather
	Shoot changes resulted in talent changes

Evaluation

- Our planned evaluation for this campaign will extend beyond traditional evaluation techniques to use primary research to measure campaign effectiveness
- 50-75 women (either pregnant or recently post-partum) in metro, regional and remote Queensland areas will be surveyed
- We will connect with Mums through our connection with local clinics to ensure they feel safe, supported and able to speak openly about the campaign



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