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| Table S1. Smoking prevention in prenatal care & knowledge of the Guideline of the Swiss Midwives Association by region |
|  | German(n=242) | French(n=58) | Chi2 | df | p |
| Variables | Percentage in (%) |  |  |  |
| Risk perception: 1-2 cigarettes/day  harmless for the child | 5.4% | 12.3% | 3.517 | 2 | 0.172 |
|  slightly risky for the child | 62.8% | 56.1% |  |  |  |
|  significantly risky for the child | 31.8% | 31.6% |  |  |  |
| Risk perception: 3-9 cigarettes /day  |  |  |  |  |  |
|  slightly risky for the child | 11.3% | 27.6% | 10.096 | 1 | 0.001 |
|  significantly risky for the child | 88.8% | 72.4% |  |  |  |
| Risk perception: 10 or more cigarettes /day  |  |  |  |  |  |
|  significantly risky for the child | 100.0 | 100.0 | N/C |  |  |
| Risk perception: sudden cessation  not risky for the child | 33.0% | 44.6% | 3.703 | 3 | 0.295 |
|  slightly risky for the child | 57.1% | 42.9% |  |  |  |
|  significantly risky for the child | 4.3% | 5.4% |  |  |  |
|  I don't know | 5.6% | 7.1% |  |  |  |
| Risk perception: Passive smoking  Environmental smoke is a risk | 97.5% | 93.0% | 2.839 | 1 | 0.092 |
|  ‘I don’t know’ | 2.5% | 7.0% |  |  |  |
| Screening: Routinely asking all women whether they smokeall women | 88.8% | 91.4% | 1.260 | 2 | 0.533 |
| only those suspected for smoking | 9.2% | 8.6% |  |  |  |
| none | 2.1% | 0.0% |  |  |  |
| Screening: Asking about exposure to passive smoking | 43.7% | 56.9% | 3.235 | 1 | 0.072 |
| Screening: Asking whether the partner smokes | 59.5% | 70.2% | 2.212 | 1 | 0.137 |
| Perceived importance of partner’s smoking (rather or very important)1 | 95.4% | 82.5% | 11.614 | 1 | 0.001 |
| Routinely explaining the risks of smoking for the child to all women | 52.7% | 52.6% | 0.000 | 1 | 0.988 |
| Stop smoking interventions with smokersexplaining the risks for the child | 89.3% | 70.7% | 13.135 | 1 | 0.000 |
| repeatedly addressing smoking in consequent appointments | 56.2 % | 24.1% | 19.236 | 1 | 0.000 |
| assisting in elaboration of a plan to stop smoking | 35.1% | 50.0% | 4.395 | 1 | 0.036 |
| providing information material to smokers | 21.1% | 31.0% | 2.621 | 1 | 0.105 |
| referral to an expert | 16.9% | 39.7% | 14.382 | 1 | 0.000 |
| referral to behavioral therapy | 3.7% | 12.1% | 6.461 | 1 | 0.011 |
| agreement to quit | 3.7% | 3.4% | 0.010 | 1 | 0.922 |
| nicotine replacement therapy | 4.5% | 19.0% | 14.316 | 1 | 0.000 |
| use e-cigarettes | 5.0% | 3.4% | 0.240 | 1 | 0.624 |
| no intervention | 1.7% | 3.4% | 0.769 | 1 | 0.380 |
| Barriers: Reasons not to address smoking (rather or very true)shortage of time | 10.8% | 26.9% | 8.576 | 1 | 0.003 |
| I already know many of the women and their smoking habits from previous pregnancies | 33.5% | 30.0% | 0.224 | 1 | 0.636 |
| most women already know the risks | 45.7% | 26.4% | 6.564 | 1 | 0.010 |
| women with children are generally well informed about the risks | 42.2% | 24.5% | 5.603 | 1 | 0.018 |
| It is not within my area of responsibility | 4.1% | 5.5% | 0.209 | 1 | 0.648 |
| uncertainty about clinical relevance of smoking | 12.6% | 18.0% | 0.997 | 1 | 0.318 |
| uncertainty about being able to intervene effectively | 29.8% | 43.6% | 3.818 | 1 | 0.051 |
| giving advice to smokers is not effective | 45.6% | 47.3% | 0.048 | 1 | 0.826 |
| pregnant women probably do not honestly report on smoking | 48.9% | 31.5% | 5.292 | 1 | 0.021 |
| In vocational training I was not informed on the risks of smoking | 22.9% | 16.4% | 1.104 | 1 | 0.293 |
| smoking in pregnancy is a matter of private life and should not be interfered with | 4.0% | 0.0% | 2.283 | 1 | 0.131 |
| screening and counseling cannot be charged | 22.6% | 11.5% | 3.134 | 1 | 0.077 |
| Advice given regarding smoking:to quit | 78.9% | 72.4% | 1.144 | 1 | 0.285 |
| to reduce | 64.9 % | 82.8% | 6.914 | 1 | 0.009 |
| Use e-cigarettes | 1.2% | 3.4% | 1.393 | 1 | 0.238 |
| not to change | 0.8% | 0.0% | 0.483 | 1 | 0.487 |
| Knowledge of the Guideline of the Swiss Midwives Association & Use of Intervention Strategies1 |  |  |  |  |  |
| Familiar with the guideline (yes/no) | 32.9% | 33.3% | 0.004 | 1 | 0.952 |
| Use the intervention strategies recommended in the guideline | 20.9% | 27.9% | 0.998 | 1 | 0.318 |
| Use the 'Stages of Change' model of behavior change | 1.8% | 12.0% | 12.161 | 2 | 0.002 |
| Use the '5A Method' | 3.2% | 2.0% | 0.943 | 2 | 0.624 |
| Use the method of Motivational Interviewing | 57.4% | 31.4% | 13.206 | 2 | 0.001 |
| Frequency of consulting a specialist (one to more than five times a year) | 26.6% | 24.0% | 0.146 | 1 | 0.703 |

1 These questions refer both to smoking and drinking prevention.

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| Table S2. Prevention of alcohol consumption in prenatal care by region |
|  | German(n=242) | French(n=58) | Chi2 | df | p |
| Variables | Percentage in (%) |  |  |  |
| Risk perception: rarely sipping on a glass of alcohol harmless | 62.6% | 51.9% | 2.122 | 2 | 0.346 |
|  slightly risky | 30.4% | 40.4% |  |  |  |
|  significantly risky | 7.0% | 7.7% |  |  |  |
| Risk perception: 3 glasses/week  harmless | 1.7% | 1.9% | 0.038 | 2 | 0.981 |
|  slightly risky | 32.0% | 30.8% |  |  |  |
|  significantly risky | 66.2% | 67.3% |  |  |  |
| Risk perception: 1 glass/day  slightly risky | 3.5% | 13.5% | 8.453 | 1 | 0.004 |
|  significantly risky | 96.5% | 86.5% |  |  |  |
| Risk perception: Sporadically drinking large amounts (4 glasses/occasion) slightly risky | 1.7% | 3.8% | 0.915 | 1 | 0.339 |
|  significantly risky | 98.3% | 96.2 |  |  |  |
| Screening: Routinely asking all women whether they consume alcohol  asking all women | 81.3% | 84.6% | 2.608 | 2 | 0.271 |
|  asking only those suspected for drinking | 13.9% | 15.4% |  |  |  |
|  asking nobody | 4.8% | 0.0% |  |  |  |
| Screening: Specific questions asked regarding alcohol: Frequency of drinking occasions | 93.2% | 96.2% | 0.645 | 1 | 0.422 |
|  Average amount of alcohol consumed | 74.4% | 76.9% | 0.139 | 1 | 0.709 |
|  Frequency of binge drinking (4 glasses on a single occasion) | 16.0% | 21.2% | 0.798 | 1 | 0.372 |
|  Type of alcoholic beverages consumed | 46.1% | 46.2% | 0.000 | 1 | 0.996 |
| Screening: Asking whether the partner drinks  | 26.2% | 35.3% | 1.716 | 1 | 0.190 |
| Perceived importance of partner’s drinking (rather or very important)1 | 77.9% | 64.7% | 3.897 | 1 | 0.048 |
| Routinely explaining the risks of alcohol consumption for the child to all women | 57.4% | 88.0% | 16.482 | 1 | 0.000 |
| Stop drinking interventions when a woman drinks:  Explaining the risks for the child | 91.7% | 80.8% | 5.532 | 1 | 0.019 |
|  Repeatedly addressing drinking in consequent appointments | 57.0% | 30.8% | 11.655 | 1 | 0.001 |
|  Assisting in elaboration of a plan to stop or reduce drinking | 19.6% | 36.5% | 6.964 | 1 | 0.008 |
|  Providing information material to drinkers | 21.7% | 28.8% | 1.208 | 1 | 0.272 |
|  Referral to an expert | 44.8% | 61.5% | 4.772 | 1 | 0.029 |
|  no intervention | 6.5% | 0.0% | 3.582 | 1 | 0.058 |
| Barriers: Reasons not to address drinking (rather or very true):Shortage of time  | 10.2% | 16.3% | 1.429 | 1 | 0.232 |
| I already know many of the women and their habits from previous pregnancies | 23.7% | 13.0% | 2.499 | 1 | 0.114 |
| Most women already know the risks | 40.2% | 10.6% | 14.777 | 1 | 0.000 |
|  Women with children are generally well informed about the risks  | 39.8% | 12.8% | 12.335 | 1 | 0.000 |
|  It is not within my area of responsibility | 4.3% | 2.1% | 0.516 | 1 | 0.473 |
|  Uncertainty about clinical relevance of alcohol use | 11.7% | 15.2% | 0.428 | 1 | 0.513 |
|  Uncertainty about being able to intervene effectively | 26.9% | 30.4% | 0.233 | 1 | 0.630 |
|  Giving advice to drinkers is not effective  | 27.1% | 25.5% | 0.050 | 1 | 0823 |
|  Pregnant women probably do not honestly report on drinking  | 43.3% | 38.3% | 0.388 | 1 | 0.533 |
|  In vocational training I was not informed on the risks of drinking  | 16.7% | 8.5% | 2.015 | 1 | 0.156 |
|  Drinking in pregnancy is a matter of private life  | 2.4% | 2.1% | 0.014 | 1 | 0.907 |
|  Screening and counseling cannot be charged | 19.4% | 8.7% | 2.969 | 1 | 0.085 |
| Advice given regarding alcohol consumption:  strict abstinence | 52.1% | 82.7% | 16.274 | 1 | 0.000 |
|  never drink more than just sipping | 50.4% | 30.8% | 6.603 | 1 | 0.010 |
|  reasonable consumption | 12.0% | 13.5% | 0.089 | 1 | 0.766 |
|  no recommendation | 3.8% | 0.0% | 2.065 | 1 | 0.151 |
| Familiar with fetal disorders: Alcohol embryopathy | 90.2% | 50.0% | 48.358 | 1 | 0.000 |
|  Fetal Alcohol Syndrome (FAS) | 80.8% | 96.2% | 7.333 | 1 | 0.007 |
|  Fetal Alcohol Effects (FAE) | 22.2% | 48.1% | 14.455 | 1 | 0.000 |
|  Alcohol Related Nervous System Disorder | 25.2% | 34.6% | 1.911 | 1 | 0.167 |
|  None | 18.8% | 1.9% | 9.144 | 1 | 0.002 |
| 1 glass of alcoholic beer per day during breastfeeding encourages milk production (rather/very true) | 25.9% | 38.0% | 2.924 | 1 | 0.087 |
| 1 glass of alcoholic beer per day during breastfeeding is harmful for the baby (rather/very true) | 82.7% | 82.7% | 0.000 | 1 | 0.993 |
| 1 glass of alcoholic beer per day during breastfeeding may be recommended (rather/very true) | 5.3% | 1.9% | 1.088 | 1 | 0.297 |

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| Table S3. Smoking prevention in prenatal care & knowledge of the Guideline of the Swiss Midwives Association by graduation year (before and after 2012) |
|  | Graduation until 2011(n=247) | Graduation after 2011(n=53) | Chi2 | df | p |
| Variables | Percentage in (%) |  |  |  |
| Risk perception: 1-2 cigarettes/day  harmless for the child | 8.2% | 0.0% | 5.140 | 2 | 0.077 |
|  slightly risky for the child | 59.7% | 69.8% |  |  |  |
|  significantly risky for the child | 32.1% | 30.2% |  |  |  |
| Risk perception: 3-9 cigarettes /day  |  |  |  |  |  |
|  slightly risky for the child | 16.3% | 5.7% | 4.015 | 1 | 0.045 |
|  significantly risky for the child | 83.7% | 94.3% |  |  |  |
| Risk perception: 10 or more cigarettes /day  |  |  |  |  |  |
|  significantly risky for the child | 100.0 | 100.0 | N/C |  |  |
| Risk perception: sudden cessation  not risky for the child | 37.1% | 26.9% | 3.521 | 3 | 0.318 |
|  slightly risky for the child | 52.3% | 63.5% |  |  |  |
|  significantly risky for the child | 5.1% | 1.9% |  |  |  |
|  I don't know | 5.5% | 7.7% |  |  |  |
| Risk perception: Passive smoking  Environmental smoke is a risk | 97.5% | 92.5% | 3.410 | 1 | 0.065 |
|  ‘I don’t know’ | 2.5% | 7.5% |  |  |  |
| Screening: Routinely asking all women whether they smoke all women | 88.6% | 92.5% | 0.913 | 2 | 0.634 |
|  only those suspected for smoking | 9.8% | 5.7% |  |  |  |
|  none | 1.6% | 1.9% |  |  |  |
| Screening: Asking about exposure to passive smoking | 49.2% | 33.3% | 4.230 | 1 | 0.040 |
| Screening: Asking whether the partner smokes | 63.7% | 51.9% | 2.506 | 1 | 0.113 |
| Perceived importance of partner’s smoking (rather or very important) | 92.6% | 94.1% | 0.143 | 1 | 0.706 |
| Routinely explaining the risks of smoking for the child to all women | 56.2% | 36.5% | 6.637 | 1 | 0.010 |
| Stop smoking interventions with smokersexplaining the risks for the child | 84.2% | 92.5% | 2.414 | 1 | 0.120 |
| repeatedly addressing smoking in consequent appointments | 52.6 % | 37.7% | 3.873 | 1 | 0.049 |
| assisting in elaboration of a plan to stop smoking | 36.8% | 43.4% | 0.796 | 1 | 0.372 |
| providing information material to smokers | 21.1% | 32.1% | 2.994 | 1 | 0.084 |
| referral to an expert | 20.2% | 26.4% | 0.991 | 1 | 0.320 |
| referral to behavioral therapy | 4.9% | 7.5% | 0.625 | 1 | 0.429 |
| agreement to quit | 3.2% | 5.7% | 0.724 | 1 | 0.395 |
| nicotine replacement therapy | 6.5% | 11.3% | 1.506 | 1 | 0.220 |
| use e-cigarettes | 4.9% | 3.8% | 0.115 | 1 | 0.734 |
| no intervention | 2.0% | 1.9% | 0.004 | 1 | 0.948 |
| Barriers: Reasons not to address smoking (rather or very true)shortage of time | 12.2% | 22.4% | 3.301 | 1 | 0.069 |
| I already know many of the women and their smoking habits from previous pregnancies | 37.7% | 12.0% | 12.126 | 1 | 0.000 |
| most women already know the risks | 45.7% | 26.4% | 6.564 | 1 | 0.010 |
| women with children are generally well informed about the risks | 41.5% | 26.9% | 3.787 | 1 | 0.052 |
| It is not within my area of responsibility | 4.0% | 5.8% | 0.319 | 1 | 0.572 |
| uncertainty about clinical relevance of smoking | 14.9% | 8.2% | 1.530 | 1 | 0.216 |
| uncertainty about being able to intervene effectively | 29.4% | 46.2% | 5.370 | 1 | 0.020 |
| giving advice to smokers is not effective | 45.5% | 48.1% | 0.116 | 1 | 0.733 |
| pregnant women probably do not honestly report on smoking | 47.3% | 37.3% | 1.698 | 1 | 0.193 |
| In vocational training I was not informed on the risks of smoking | 24.4% | 9.4% | 5.711 | 1 | 0.017 |
| smoking in pregnancy is a matter of private life and should not be interfered with | 4.0% | 0.0% | 2.181 | 1 | 0.140 |
| screening and counseling cannot be charged | 22.6% | 10.4% | 3.604 | 1 | 0.058 |
| Advice given regarding smoking:to quit | 75.7% | 86.8% | 3.091 | 1 | 0.079 |
| to reduce | 68.0 % | 69.8% | 0.065 | 1 | 0.799 |
| Use e-cigarettes | 2.0% | 0.01% | 1.091 | 1 | 0.296 |
| not to change | 0.8% | 0.0% | 0.432 | 1 | 0.511 |
|  not any | 1.2% | 0.0% | 0.650 | 1 | 0.420 |
| Knowledge of the Guideline of the Swiss Midwives Association & Use of Intervention Strategies1 |  |  |  |  |  |
| Familiar with the guideline (yes/no) | 33.3% | 31.4% | 0.073 | 1 | 0.788 |
| Use the intervention strategies recommended in the guideline | 20.1% | 32.5% | 2.967 | 1 | 0.085 |
| Use the 'Stages of Change' model of behavior change | 1.8% | 12.5% | 15.461 | 2 | 0.000 |
| Use the '5A Method' | 2.8% | 4.1% | 3.020 | 2 | 0.221 |
| Use the method of Motivational Interviewing | 50.9% | 59.6% | 1.465 | 2 | 0.481 |
| Frequency of consulting a specialist (one to more than five times a year) | 22.5% | 43.5% | 8.678 | 1 | 0.003 |

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| Table S4. Prevention of alcohol consumption in prenatal care by graduation year (before and after 2012) |
|  | Graduation until 2011(n=247) | Graduation in after 2011(n=53) | Chi2 | df | p |
|  | Perecentage in (%) |  |  |  |
| Risk perception: rarely sipping on a glass of alcohol harmless | 62.0% | 54.0% | 1.682 | 2 | 0.431 |
|  slightly risky | 30.6% | 40.0% |  |  |  |
|  significantly risky | 7.4% | 6% |  |  |  |
| Risk perception: 3 glasses/week  harmless | 1.3% | 3.9% | 2.576 | 2 | 0.276 |
|  slightly risky | 33.2% | 25.5% |  |  |  |
|  significantly risky | 65.5% | 70.6% |  |  |  |
| Risk perception: 1 glass/day  slightly risky | 6.0% | 2.0% | 1.382 | 1 | 0.240 |
|  significantly risky | 94.0% | 98.0% |  |  |  |
| Risk perception: Sporadically drinking large amounts (4 glasses/occasion) slightly risky | 2.6% | 0.0% | 1.315 | 1 | 0.251 |
|  significantly risky | 97.4% | 100.0 |  |  |  |
| Screening: Routinely asking all women whether they consume alcohol  asking all women | 81.0% | 86.3% | 0.987 | 2 | 0.611 |
|  asking only those suspected for drinking | 15.2% | 9.8% |  |  |  |
|  asking nobody | 3.9% | 3.9% |  |  |  |
| Screening: Specific questions asked regarding alcohol: Frequency of drinking occasions | 93.7% | 93.9% | 0.002 | 1 | 0.962 |
|  Average amount of alcohol consumed | 72.1% | 87.8% | 5.253 | 1 | 0.022 |
|  Frequency of binge drinking (4 glasses on a single occasion) | 17.1% | 16.3% | 0.018 | 1 | 0.893 |
|  Type of alcoholic beverages consumed | 44.1% | 55.1% | 1.940 | 1 | 0.164 |
| Screening: Asking whether the partner drinks  | 28.8% | 23.5% | 0.581 | 1 | 0.446 |
| Perceived importance of partner’s drinking (rather or very important)1 | 74.9% | 78.0% | 0.214 | 1 | 0.644 |
| Routinely explaining the risks of alcohol consumption for the child to all women | 66.1% | 48.0% | 5.755 | 1 | 0.016 |
| Stop drinking interventions when a woman drinks:  Explaining the risks for the child | 90.0% | 88.2% | 0.148 | 1 | 0.700 |
|  Repeatedly addressing drinking in consequent appointments | 53.7% | 45.1% | 1.233 | 1 | 0.267 |
|  Assisting in elaboration of a plan to stop or reduce drinking | 19.5% | 37.3% | 7.523 | 1 | 0.006 |
|  Providing information material to drinkers | 21.6% | 29.4% | 1.421 | 1 | 0.233 |
|  Referral to an expert | 47.6% | 49.0% | 0.033 | 1 | 0.856 |
|  no intervention | 6.1% | 2.0% | 1.394 | 1 | 0.238 |
| Barriers: Reasons not to address drinking (rather or very true):Shortage of time  | 11.5% | 11.6% | 0.001 | 1 | 0.978 |
| I already know many of the women and their habits from previous pregnancies | 24.8% | 8.5% | 5.937 | 1 | 0.015 |
| Most women already know the risks | 36.1% | 29.2% | 0.817 | 1 | 0.366 |
|  Women with children are generally well informed about the risks  | 36.4% | 27.7% | 1.291 | 1 | 0.256 |
|  It is not within my area of responsibility | 4.3% | 2.1% | 0.516 | 1 | 0.473 |
|  Uncertainty about clinical relevance of alcohol use | 11.3% | 16.7% | 1.021 | 1 | 0.312 |
|  Uncertainty about being able to intervene effectively | 26.2% | 33.3% | 0.988 | 1 | 0.320 |
|  Giving advice to drinkers is not effective  | 28.9% | 17.8% | 2.299 | 1 | 0.129 |
|  Pregnant women probably do not honestly report on drinking  | 43.1% | 39.1% | 0.239 | 1 | 0.625 |
|  In vocational training I was not informed on the risks of drinking  | 17.9% | 4.1% | 5.837 | 1 | 0.016 |
|  Drinking in pregnancy is a matter of private life  | 2.9% | 0.0% | 1.469 | 1 | 0.226 |
|  Screening and counseling cannot be charged | 18.8% | 11.1% | 1.503 | 1 | 0.220 |
| Advice given regarding alcohol consumption:  strict abstinence | 56.6% | 62.7% | 0.649 | 1 | 0.420 |
|  never drink more than just sipping | 46.8% | 47.1% | 0.001 | 1 | 0.974 |
|  reasonable consumption | 12.8% | 9.8% | 0.342 | 1 | 0.558 |
|  no recommendation | 2.6% | 5.9% | 1.524 | 1 | 0.217 |
| Effectiveness of own advice (rather/very high) | 57.3% | 59.5% | 0.072 | 1 | 0.789 |
| Familiar with fetal disorders: Alcohol embryopathy | 84.3% | 76.5% | 1.789 | 1 | 0.181 |
|  Fetal Alcohol Syndrome (FAS) | 81.7% | 92.2% | 3.335 | 1 | 0.068 |
|  Fetal Alcohol Effects (FAE) | 26.8% | 27.5% | 0.009 | 1 | 0.925 |
|  Alcohol Related Nervous System Disorder | 26.0% | 31.4% | 0.625 | 1 | 0.429 |
|  None | 15.3% | 17.6% | 0.171 | 1 | 0.679 |
| 1 glass of alcoholic beer per day during breastfeeding encourages milk production (rather/very true) | 28.8% | 25.5% | 0.200 | 1 | 0.655 |
| 1 glass of alcoholic beer per day during breastfeeding is harmful for the baby (rather/very true) | 82.4% | 84.3% | 0.109 | 1 | 0.741 |
| 1 glass of alcoholic beer per day during breastfeeding may be recommended (rather/very true) | 4.4% | 5.9% | 0.204 | 1 | 0.652 |

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| Table S5. Smoking prevention in prenatal care & knowledge of the Guideline of the Swiss Midwives Association by work setting |
|  | Hospital(n=89) | Self-employed(n=193) | Chi2 | df | p |
| Variables | Percentage in (%) |  |  |  |
| Risk perception: 1-2 cigarettes/day  harmless for the child | 5.7% | 7.9% | 3.338 | 2 | 0.188 |
|  slightly risky for the child | 55.7% | 64.2% |  |  |  |
|  significantly risky for the child | 38.6% | 27.9% |  |  |  |
| Risk perception: 3-9 cigarettes /day  |  |  |  |  |  |
|  slightly risky for the child | 18.0% | 13.6% | 0.907 | 1 | 0.341 |
|  significantly risky for the child | 82.0% | 86.4% |  |  |  |
| Risk perception: 10 or more cigarettes /day  |  |  |  |  |  |
|  significantly risky for the child | 100.0 | 100.0 | N/C |  |  |
| Risk perception: sudden cessation  not risky for the child | 34.9% | 36.0% | 0.621 | 3 | 0.892 |
|  slightly risky for the child | 53.5% | 53.8% |  |  |  |
|  significantly risky for the child | 5.8% | 3.8% |  |  |  |
|  I don't know | 5.8% | 6.5% |  |  |  |
| Risk perception: Passive smoking  Environmental smoke is a risk | 93.2% | 97.9% | 3.814 | 1 | 0.051 |
|  ‘I don’t know’ | 6.8% | 2.1% |  |  |  |
| Screening: Routinely asking all women whether they smokeall women | 92.1% | 88% | 4.827 | 2 | 0.089 |
| only those suspected for smoking | 4.5% | 11% |  |  |  |
| none | 3.4% | 1.0% |  |  |  |
| Screening: Asking about exposure to passive smoking | 34.1% | 52.4% | 7.853 | 1 | 0.005 |
| Screening: Asking whether the partner smokes | 46.5% | 67.9% | 11.361 | 1 | 0.001 |
| Perceived importance of partner’s smoking (rather or very important) | 92.0% | 92.6% | 0.039 | 1 | 0.843 |
| Routinely explaining the risks of smoking for the child to all women | 44.9% | 56.1% | 3.012 | 1 | 0.083 |
| Stop smoking interventions with smokersexplaining the risks for the child | 88.8% | 83.9% | 1.142 | 1 | 0.285 |
| repeatedly addressing smoking in consequent appointments | 37.1 % | 52.3% | 5.682 | 1 | 0.017 |
| assisting in elaboration of a plan to stop smoking | 25.8% | 42.5% | 7.221 | 1 | 0.007 |
| providing information material to smokers | 28.1% | 20.7% | 1.863 | 1 | 0.172 |
| referral to an expert | 21.3% | 20.7% | 0.014 | 1 | 0.905 |
| referral to behavioral therapy | 2.2% | 6.7% | 2.437 | 1 | 0.119 |
| agreement to quit | 2.2% | 4.1% | 0.641 | 1 | 0.423 |
| nicotine replacement therapy | 9.0% | 6.7% | 0.449 | 1 | 0.503 |
| use e-cigarettes | 5.6% | 4.7% | 0.118 | 1 | 0.732 |
| no intervention | 0.0% | 2.6% | 2.347 | 1 | 0.125 |
| Barriers: Reasons not to address smoking (rather or very true)shortage of time | 24.4% | 9.5% | 8.961 | 1 | 0.003 |
| I already know many of the women and their smoking habits from previous pregnancies | 18.8% | 40.4% | 11.782 | 1 | 0.001 |
| most women already know the risks | 38.2% | 43.6% | 0.704 | 1 | 0.402 |
| women with children are generally well informed about the risks | 43.2% | 35.5% | 1.470 | 1 | 0.225 |
| It is not within my area of responsibility | 2.3% | 5.2% | 1.151 | 1 | 0.283 |
| uncertainty about clinical relevance of smoking | 12.5% | 15.4% | 0.365 | 1 | 0.546 |
| uncertainty about being able to intervene effectively | 38.1% | 31.4% | 1.136 | 1 | 0.287 |
| giving advice to smokers is not effective | 56.5% | 41.5% | 5.101 | 1 | 0.024 |
| pregnant women probably do not honestly report on smoking | 64.4% | 36.4% | 18.222 | 1 | 0.000 |
| In vocational training I was not informed on the risks of smoking | 18.4% | 23.0% | 0.728 | 1 | 0.394 |
| smoking in pregnancy is a matter of private life and should not be interfered with | 1.1% | 4.0% | 1.645 | 1 | 0.200 |
| screening and counseling cannot be charged | 14.7% | 22.6% | 2.037 | 1 | 0.154 |
| Advice given regarding smoking:to quit | 77.5% | 76.7% | 0.024 | 1 | 0.876 |
| to reduce | 66.3 % | 70.5% | 0.497 | 1 | 0.481 |
| Use e-cigarettes | 1.1% | 1.6% | 0.081 | 1 | 0.776 |
| not to change | 1.1% | 0.5% | 0.317 | 1 | 0.573 |
| Knowledge of the Guideline of the Swiss Midwives Association & Use of Intervention Strategies1 |  |  |  |  |  |
| Familiar with the guideline (yes/no) | 25.9% | 35.4% | 2.379 | 1 | 0.123 |
| Use the intervention strategies recommended in the guideline | 22.7% | 21.8% | 0.022 | 1 | 0.881 |
| Use the 'Stages of Change' model of behavior change | 4.8% | 3.5% | 1.300 | 2 | 0.522 |
| Use the '5A Method' | 2.4% | 3.6% | 3.096 | 2 | 0.213 |
| Use the method of Motivational Interviewing | 55.4% | 52.1% | 0.316 | 2 | 0.854 |
| Frequency of consulting a specialist (one to more than five times a year) | 45.0% | 16.6% | 22.985 | 1 | 0.000 |

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| Table S6. Prevention of alcohol consumption in prenatal care by work setting |
|  | Hospital(n=89) | Self-employed(n=193) | Chi2 | df | p |
| Variables | Perecentage in (%) |  |  |  |
| Risk perception: rarely sipping on a glass of alcohol harmless | 50.0% | 66.5% | 9.543 | 2 | 0.008 |
|  slightly risky | 36.9% | 29.1% |  |  |  |
|  significantly risky | 13.1% | 4.5% |  |  |  |
| Risk perception: 3 glasses/week  harmless | 2.4% | 1.6% | 2.698 | 2 | 0.259 |
|  slightly risky | 24.7% | 34.6% |  |  |  |
|  significantly risky | 72.9% | 63.7% |  |  |  |
| Risk perception: 1 glass/day slightly risky | 3.5% | 6.0% | 0.737 | 1 | 0.391 |
|  significantly risky | 96.5% | 94.0% |  |  |  |
| Risk perception: Sporadically drinking large amounts (4 glasses/occasion) slightly risky | 3.6% | 1.6% | 0.978 | 1 | 0.323 |
|  significantly risky | 96.4% | 98.4 |  |  |  |
| Screening: Routinely asking all women whether they consume alcohol  all | 81.2% | 81.3% | 0.125 | 2 | 0.940 |
|  only those suspected for drinking | 14.1% | 14.8% |  |  |  |
|  none | 4.7% | 3.8% |  |  |  |
| Screening: Specific questions asked regarding alcohol: Frequency of drinking occasions | 93.8% | 93.1% | 0.042 | 1 | 0.838 |
|  Average amount of alcohol consumed | 71.6% | 76.6% | 0.728 | 1 | 0.393 |
|  Frequency of binge drinking (4 glasses on a single occasion) | 12.3% | 18.3% | 1.425 | 1 | 0.233 |
|  Type of alcoholic beverages consumed | 39.5% | 49.1% | 2.069 | 1 | 0.150 |
| Screening: Asking whether the partner drinks  | 14.1% | 33.5% | 10.938 | 1 | 0.001 |
| Perceived importance of partner’s drinking (rather or very important)1 | 70.0% | 75.7% | 0.933 | 1 | 0.334 |
| Routinely explaining the risks of alcohol consumption for the child to all women | 55.3% | 66.1% | 2.887 | 1 | 0.089 |
| Stop drinking interventions when a woman drinks:  Explaining the risks for the child | 89.4% | 89.0% | 0.010 | 1 | 0.922 |
|  Repeatedly addressing drinking in consequent appointments | 48.2% | 52.2% | 0.364 | 1 | 0.546 |
|  Assisting in elaboration of a plan to stop or reduce drinking | 20.0% | 23.6% | 0.437 | 1 | 0.508 |
|  Providing information material to drinkers | 23.5% | 24.2% | 0.013 | 1 | 0.908 |
|  Referral to an expert | 41.2% | 51.6% | 2.544 | 1 | 0.111 |
|  no intervention | 7.1% | 4.9% | 0.488 | 1 | 0.485 |
| Barriers: Reasons not to address drinking (rather or very true):Shortage of time  | 14.9% | 10.7% | 0.781 | 1 | 0.377 |
| I already know many of the women and their habits from previous pregnancies | 11.3% | 27.8% | 8.453 | 1 | 0.004 |
| Most women already know the risks | 34.1% | 34.6% | 0.005 | 1 | 0.945 |
|  Women with children are generally well informed about the risks  | 32.5% | 35.4% | 0.204 | 1 | 0.652 |
|  It is not within my area of responsibility | 3.7% | 3.7% | 0.000 | 1 | 1.000 |
|  Uncertainty about clinical relevance of alcohol use | 15.2% | 12.1% | 0.439 | 1 | 0.508 |
|  Uncertainty about being able to intervene effectively | 26.8% | 28.0% | 0039 | 1 | 0.844 |
|  Giving advice to drinkers is not effective  | 32.1% | 24.7% | 1.424 | 1 | 0.233 |
|  Pregnant women probably do not honestly report on drinking  | 55.0% | 36.6% | 7.357 | 1 | 0.007 |
|  In vocational training I was not informed on the risks of drinking  | 13.4% | 17.0% | 0.518 | 1 | 0.472 |
|  Drinking in pregnancy is a matter of private life  | 1.2% | 2.5% | 0.440 | 1 | 0.507 |
|  Screening and counseling cannot be charged | 11.0% | 20.1% | 2.927 | 1 | 0.087 |
| Advice given regarding alcohol consumption:  strict abstinence | 63.5% | 54.6% | 1.901 | 1 | 0.168 |
|  never drink more than just sipping | 41.2% | 50.3% | 1.932 | 1 | 0.165 |
|  reasonable consumption | 7.1% | 14.1% | 2.728 | 1 | 0.099 |
|  no recommendation | 3.5% | 2.7% | 0.138 | 1 | 0.710 |
| Familiar with fetal disorders: Alcohol embryopathy | 81.2% | 82.7% | 0.093 | 1 | 0.761 |
|  Fetal Alcohol Syndrome (FAS) | 90.6% | 81.6% | 3.565 | 1 | 0.059 |
|  Fetal Alcohol Effects (FAE) | 25.9% | 27.6% | 0.084 | 1 | 0.772 |
|  Alcohol Related Nervous System Disorder | 28.2% | 27.0% | 0.043 | 1 | 0.836 |
|  None | 21.2% | 12.4% | 3.457 | 1 | 0.063 |
| 1 glass of alcoholic beer per day during breastfeeding encourages milk production (rather/very true) | 25.3% | 30.2% | 0.640 | 1 | 0.424 |
| 1 glass of alcoholic beer per day during breastfeeding is harmful for the baby (rather/very true) | 84.5% | 81.7% | 0.325 | 1 | 0.569 |
| 1 glass of alcoholic beer per day during breastfeeding may be recommended (rather/very true) | 7.1% | 3.9% | 1.271 | 1 | 0.260 |