KENT PUBLIC HEALTH OBSERVATORY

Smoking in pregnancy – short briefing

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1. What do we know about the risks and outcomes associated with smoking in pregnancy?

- Mothers aged 20 and under five times more likely to smoke in pregnancy than those aged 35 and over.
- Mothers in routine and manual occupations are four times more likely to smoke in pregnancy than those in managerial and professional occupations.
- Pregnant women who are less educated, single, live in rented accommodation or who have a partner who smokes are more likely to be smokers.
- Smoking in pregnancy increases the risk of miscarriage, low birth weight, pre-term birth, delivery complications, still birth and sudden unexpected death in infancy.
- Smoking in pregnancy is also associated with wheezy illnesses in childhood, childhood psychological problems (eg hyperactivity and attention problems, disruptive and negative behaviour) and may have a detrimental effect on educational performance.
- Children exposed to second hand smoke following delivery are also at increased risk of ear infections, bronchitis, pneumonia, asthma and meningitis.
- Insight work carried out with Kent women has found that smoking provides a welcome time out for women, when they have other stressful issues in their lives. It has also found that smoking in pregnancy has been normalised in some families and communities, and although it is known it is a “bad” thing, its not that “bad”.

2. What works to help pregnant women stop smoking?

- A carbon monoxide test in early pregnancy can help identify pregnant women who smoke (who may find it difficult to admit to smoking). This should be carried out by midwives.
- The BabyClear programme is a national evidence based programme which involves carbon monoxide screening of all pregnant women and an opt out referral to smoking cessation services for those screening positive. In Quarter 1 of 2016/17 only 58.5% of pregnant women on the East Kent BabyClear programme had a carbon monoxide test at booking, which means opportunities are being missed to identify smokers and offer referral.
- Other health professionals, or those who work with pregnant women, should use any appointment or meeting as an opportunity to ask about smoking.
- Mothers who are advised to quit smoking are more likely to do so than those who are just advised to cut down. Those who receive mixed messages are more likely to cut down than quit. Quitting is the only safe option as cutting down does not have a proportionally positive effect on health.
- Pregnant women who smoke should be offered referral to NHS Stop Smoking services. There is currently a low level of engagement of pregnant smokers with smoking cessation services with only 20.4% of those on the East Kent BabyClear programme referred accepting the service and only 25.9% of those accepting the service setting a quit date in quarter 1 of 2016/17, with very small numbers actually quitting.

- Cognitive behavioural therapy, motivational interviewing and structured self-help and support from NHS Stop Smoking services have all been shown to be effective in helping pregnant women stop smoking.
- There is mixed evidence on the effectiveness of nicotine replacement therapy (NRT) in helping pregnant women to stop smoking. Ideally this should only be offered if smoking cessation without NRT fails.
- Smoking cessation services need to be sufficiently flexible to meet the needs of disadvantaged pregnant women and should work in partnership with schemes and other agencies that support women with more complex needs, for example family nurse partnership for teenage parents.
- Support should also be provided for partners and other household members to stop smoking. Women with partners who smoke find it harder to quit and are more likely to start smoking again.

3. Questions you might need to ask

- How might your organisation have a role in supporting the BabyClear programme to ensure more pregnant women who smoke are identified and engage with smoking cessation services?
- Have all staff in your organisation who come into regular contact with local pregnant women received appropriate training to ensure they are confident to ask pregnant women about smoking and to ensure a consistent approach is being taken? Can they provide ongoing support to women as they attempt to quit?
- Do staff know how to refer pregnant women (and their partners) to the local Stop Smoking service?
- Are local Stop Smoking services sufficiently flexible and responsive to the needs of pregnant women, especially those with more complex needs?

4. Who to involve?

- Pregnant women
- Midwifery
- Family Nurse Partnership
- NHS Stop Smoking Services
- Health visitors
- All who have regular contact with pregnant women eg children's centre staff

Resources/further information

http://www.kpho.org.uk/__data/assets/pdf_file/0007/45871/SmokingandTobacco-July2015.compressed.pdf

https://www.nhs.uk/smokefree/why-quit/smoking-in-pregnancy

https://www.nice.org.uk/guidance/ph26