Smoking in pregnancy:

Introduction
There is strong evidence regarding the adverse effects of smoking during pregnancy and the harm it causes the mother and the baby, particularly their growth and development. Women who smoke are more likely to have complications during pregnancy and during delivery, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Babies born to mothers who smoke tend to be smaller, are at increased risk of pre-term birth and are around 40% more likely to die within the first four weeks of life compared with babies born to women who are non-smokers. Pregnancy is a pivotal motivational stage for women to adopt a healthier lifestyle and encouraging women to stop smoking during pregnancy increases the likelihood of a permanent quit.

Risk factors and vulnerable groups
Smoking in pregnancy is much higher among younger women and those affected by social deprivation. Women in low paid jobs are three times more likely to smoke during pregnancy than professional women.

What is the evidence base?
NICE has produced a range of guidance to reduce smoking in pregnancy and recommend that all pregnant women who smoke and all those who are planning a pregnancy or who have an infant aged under 12 months should be referred for help to quit smoking.

NICE also recommends that secondary care has responsibility to ensure:

- Strong leadership and management to ensure premises remain smoke free
- All hospitals have an on-site stop smoking service.
- Identifying people who smoke, offering advice and support to stop.
- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care.
- Integrating stop smoking support in secondary care with support provided by community-based services.
- Ensuring staff are trained to support people to stop smoking while using secondary care services.
- Supporting staff to stop smoking or to abstain while at work.
- Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.

Local picture
The 2013/14 rate of smoking at time of delivery in Luton (12.1%) was similar to the national average (12%), Slough and Bradford but significantly higher than Birmingham and Sandwell. In Luton smoking in pregnancy rates have been reducing at a faster rate than seen nationally and therefore reducing inequalities (Figure 35). There has been a 22% decrease since 2010/11 in Luton compared with an 11% decrease seen nationally.
Figure 35: Smoking at time of delivery, 2010/11 to 2013/14

Source: PHOF

For further information on what is happening locally and local priorities please see the Tobacco Chapter (Section 9.7).
References


