



Public Health
England

Smoking in pregnancy: Policy and communications update

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Jo locker, July 2015

Background: Key points

Smoking is the single most important **modifiable** risk factor in pregnancy

Smoking in pregnancy varies by **age** and **social group**

6x

Teenagers in England are **six times** more likely to smoke than older mothers

5x

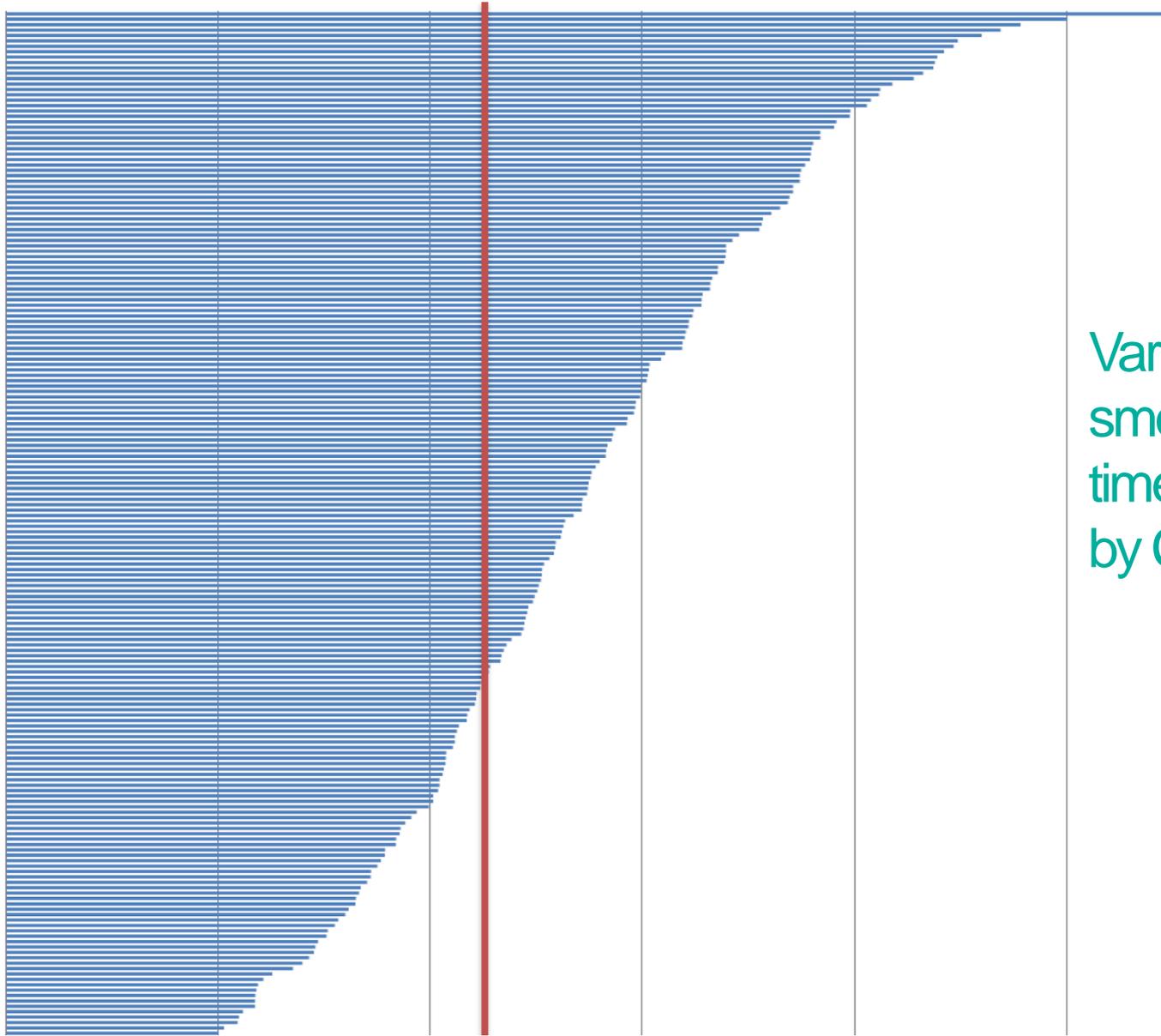
Pregnant women from unskilled occupation groups are **five times** more likely to smoke than professionals



New Data: Smoking at time of Delivery, published 18/06/15

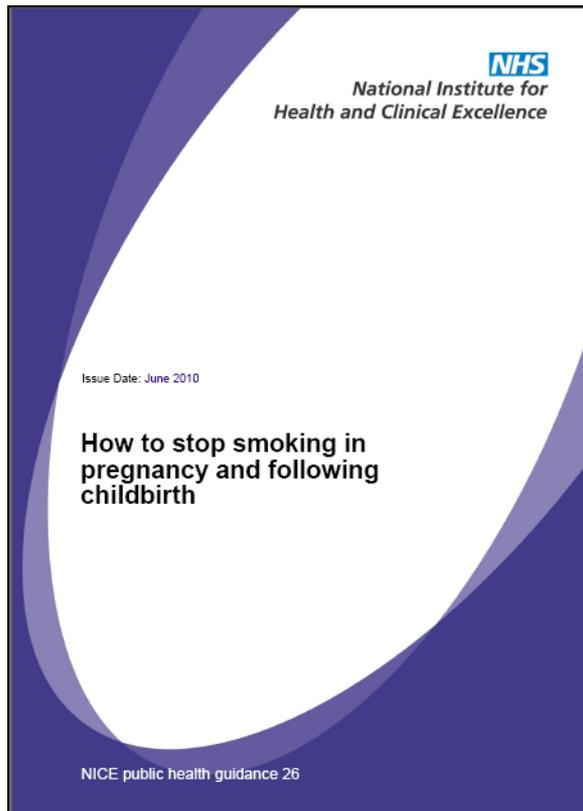
- England **11.4%** (down from 12% 2013/14)
- National ambition “to reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015”
- Rates are falling, but more than **70,000** babies born to mothers who smoke
- Substantial geographical variation –
 - By Local Area Team: 4.9% in London to 19.9% in Durham, Darlington and Tees
 - By CCG: 2.1% NHS Central London (Westminster) to 27.2% in NHS Blackpool
- Data quality remains a concern – number of women who have smoking status recorded as not known increased this year (3%, from 1.4% 2013/14).

Percentage of mothers known to be smoking at time of delivery by Clinical Commissioning Group in England, 2013/14 Annual compared to national ambition



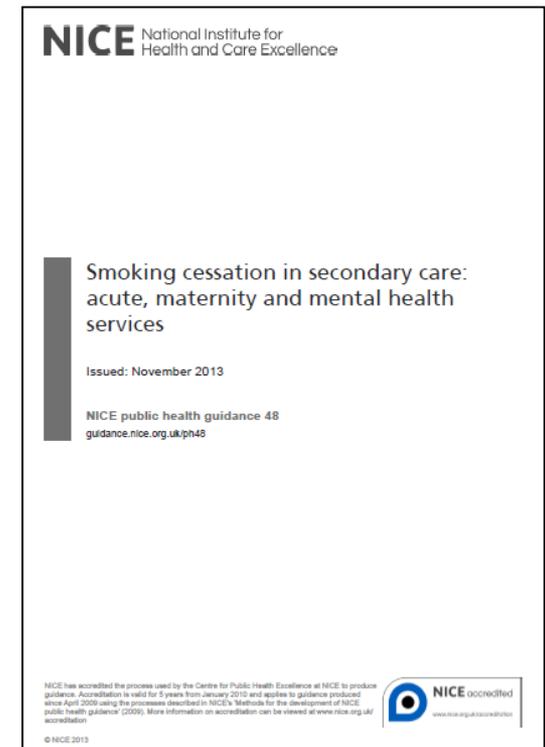
Variation in smoking at time of delivery by CCG

Guidance to inform action (NICE)

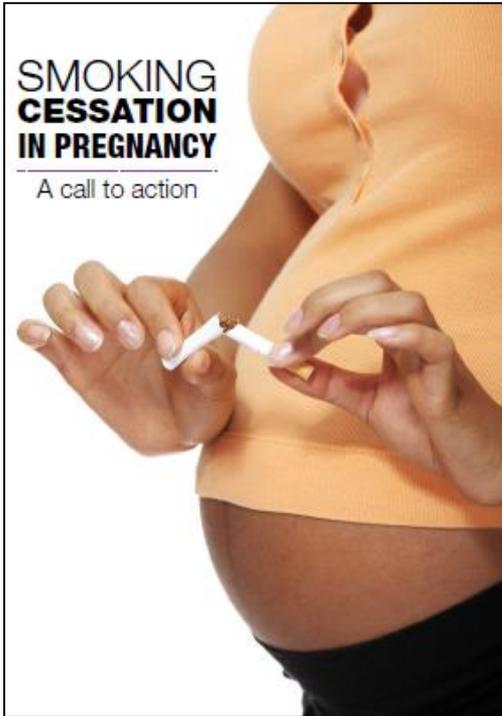


PH 26 Quitting smoking in pregnancy and following childbirth: 8 Recommendations requiring action across the extended healthcare system.

PH 48 Smoking cessation in secondary care, maternity & mental health: 16 recommendations supporting smoking cessation, temporary abstinence and smokefree policies in all secondary care settings



Guidance to inform action (Challenge Group)



Recommendations for commissioners, providers, royal colleges, government bodies, training requirements and third sector organisations.

6 key themes:

- Data improvement
- Implementation of NICE guidance
- Training
- Research needs
- Communication with the public
- Communication between professionals



PHE smoking in pregnancy programme

1) Response to Challenge Group Report

- PHE & NHS England “Smoking in Pregnancy Champions”
- Joint action plan: Implementing guidance; CO monitoring; improving SATOD; Communicating with pregnant women; Education – Royal Colleges; Research; Training; Smokefree...

2) Seminars – Implementing NICE Guidance

- 9 events across the country, 500 delegates.
- Providing updates, information, tools and engagement opportunities for those with responsibility for commissioning pathways and services at a local level.

3) Communications

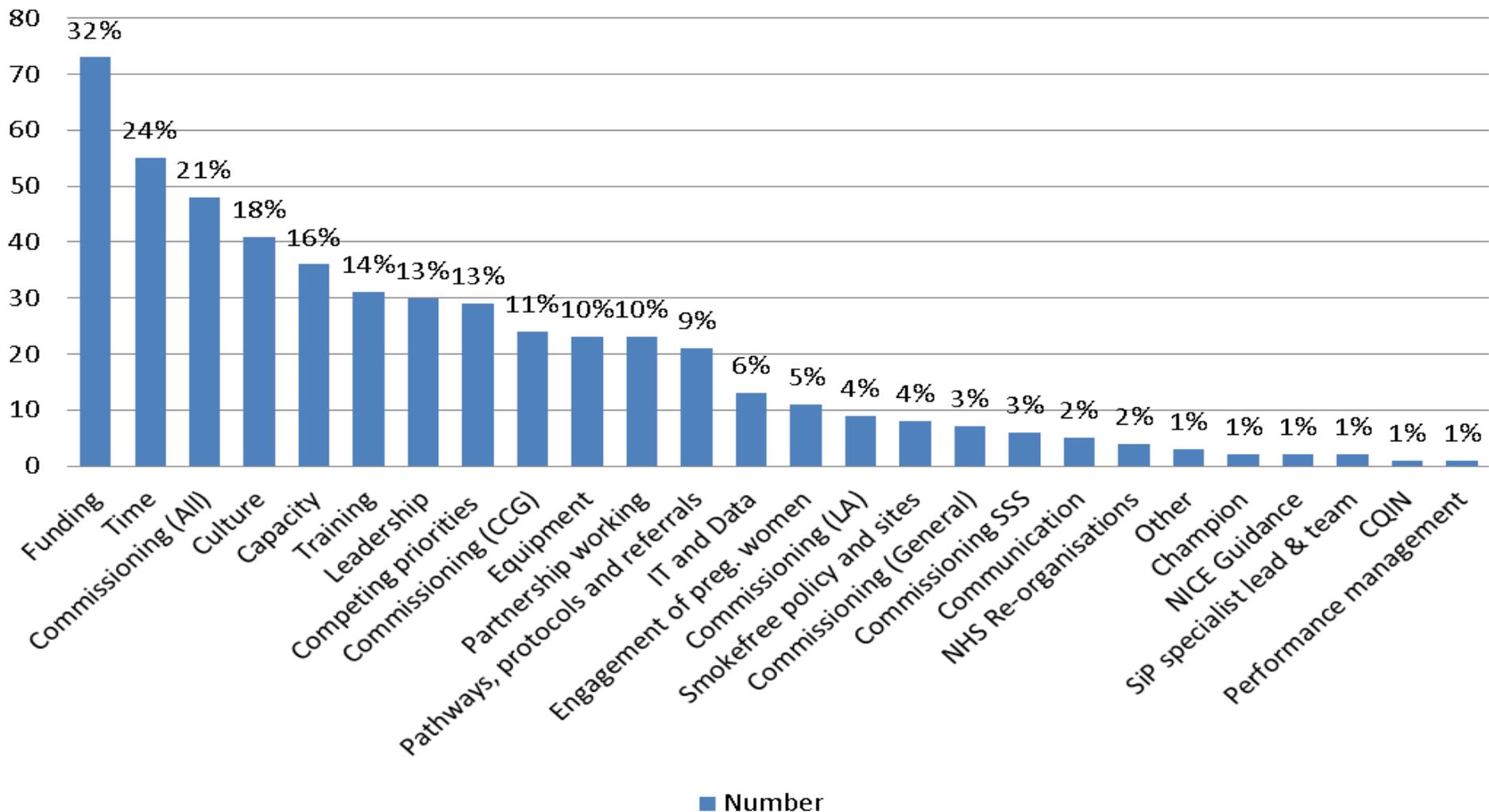
- Start4Life resources, Information Service for Parents, content review.
- Challenge Group CO materials and shared key messages.

3) NHS England “Saving babies lives”

- Stillbirth reduction care bundle
- Element 1: Smoking cessation (CO monitoring at booking and referral pathways)
- Other elements: Fetal growth restriction; Reduced fetal movement; CTG interpretation

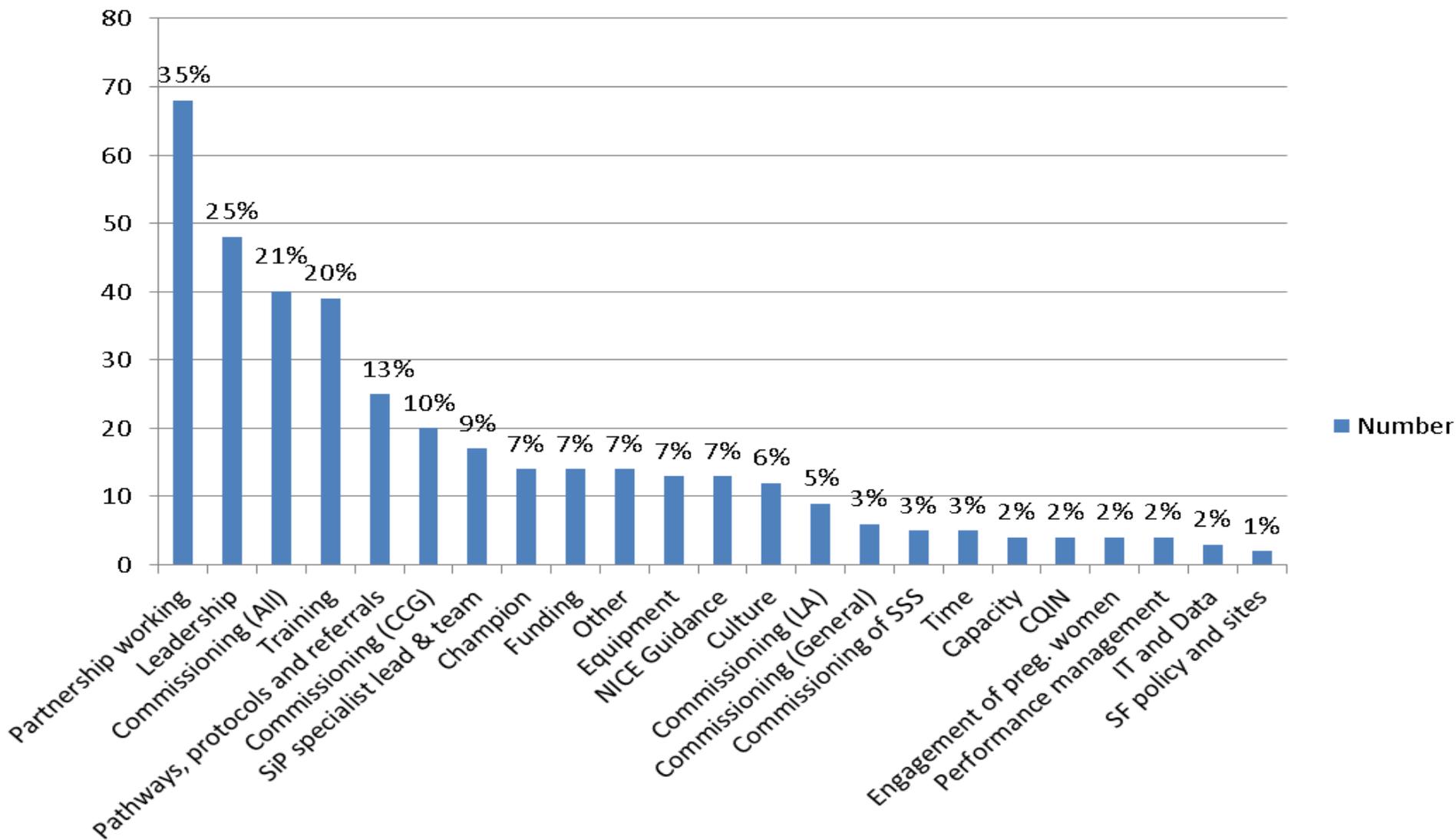
Barriers to action at local level

Figure 2. Key barriers to local implementation of NICE guidance as reported on evaluation forms, number and percentage (n=227)



Facilitators for action at local level

Figure 3: Key facilitators to local implementation of NICE guidance as reported on evaluation forms, number and percentage (n=193).



Actions: Smoking Still Kills



New ASH report. This includes a call to:

- Replace the Tobacco Control Plan for England (that ends 2015)
- Set ambitious new targets
- A new sustainable funding model
- Detailed recommendations on future action, including “*Ensure that midwives have the training, equipment and time to undertake carbon monoxide screening with every pregnant woman*”.

Public Health Minister, Jane Ellison, confirmed that a new tobacco control strategy will be developed.

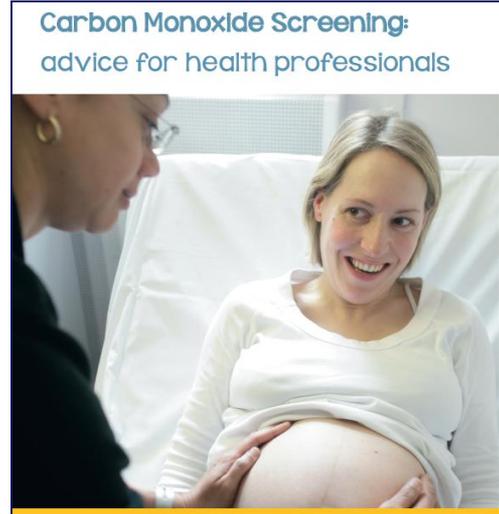
NHS England: 5 Year Forward View – underpinned by action on prevention

Actions:

Communication

start 4 life
Information Service for Parents

smoking in pregnancy
challenge group



Carbon monoxide (CO) is a colourless, odourless and tasteless poisonous gas which can kill people. It is present in exhaust fumes, faulty gas appliances, coal/wood fires, oil. It is especially dangerous during pregnancy, as it slows its growth and development, can result in miscarriage, stillbirth and sudden infant death. Offer and encourage pregnant women to have a CO test.

for mums-to-be NHS

baby on the way, quit today

what you need to know about smoking and pregnancy

start 4 life
A good start for a healthier life

SMOKEFREE

start 4 life NHS

Mums Babies Dads Family & friends Professionals Baby talk

Quitting smoking while you're pregnant means that your baby can develop healthily

Baby on the way, quit today - if you're pregnant, stop smoking

If you smoke while you're pregnant, your baby smokes too. We can help you quit.

Stopping smoking is hard. But if there ever was a moment for you and your partner to quit, it's now, when you are pregnant. It's the most important decision you can make for your baby.

Know the risks

It's difficult to imagine when you can't see your baby, but smoking when you're pregnant is like blowing smoke in your baby's face. Even other people's cigarette smoke will pass into your bloodstream and from there into your baby.

And smoking when pregnant increases the chances of miscarriage, stillbirth and cot death. A baby whose mum smoked is at least 25% more likely to die from cot death than a baby whose mum didn't smoke.

It may be that you know people who have smoked when pregnant and their baby has been fine – but it's a gamble with your baby's health.

It's never too late to quit

The earlier you quit, the better the chance your baby will be OK. Smoking in the last four to five months is particularly harmful for your baby -

Test your breath

Why Carbon Monoxide screening matters

Carbon Monoxide (CO) is a poisonous gas which you can't see or smell but which is dangerous to you and your baby.

Exposure can prevent oxygen reaching your baby, slow its growth and development, and can result in miscarriage, stillbirth and sudden infant death.

Exposure can be measured through a quick and simple breath test provided by your midwife during a routine antenatal appointment. Feel free to ask your midwife about Carbon Monoxide screening. The test will give you a number which measures the amount of Carbon Monoxide in parts per million (PPM).

0-3	Your recent level of exposure to Carbon Monoxide is low.	0-3 PPM shows little exposure to Carbon Monoxide in the last 24-48 hours.
4+	You have had some recent exposure to Carbon Monoxide.	4+ PPM suggests you have had recent exposure to Carbon Monoxide and this is of concern.

Exposure

Exposure to Carbon Monoxide is usually from one of three ways:

- Cigarette smoke
- Faulty or poorly ventilated cooking or heating appliances (this includes gas, coal, wood and paraffin appliances)
- Faulty car exhausts

Over 80% of cigarette smoke is invisible. Surprised?

Find out more about the dangers of smoking in your home and car

SMOKEFREE

stoptober

Actions: Training



NCSCT:

- On-line training
- Updated briefing for midwifery staff
- 2 day courses for specialist advisors x4

Local training:

- Systems
- Risk perception
- babyClear

Smoking Cessation:

A briefing for midwifery staff



NCSCT



In development:

- Module on smoking and the 'why, what, how' raising the issue and referring for RCM ilearn
- Joint project with PHE, NCSCT TCCC & RCM

Actions: Research

Variety of research published, underway planned and still needed:

- Medication
- Referral pathways
- Financial incentives
- Electronic aids
- Significant other
- Relapse prevention
- Digital self-help aids
- Behaviour change strategies
- Sub-populations
- Insights (qualitative)

Actions: Legislation

Point of sale: Removing the display of all tobacco products in large stores from April 2012 and small stores from April 2015.

Smoking in cars: Will become an offence to smoke in private vehicles carrying children, from Oct 2015.

Proxy purchasing: Prohibiting purchase of tobacco and nicotine products (inc. e- cigarettes) on behalf of persons under 18 years, from Oct 2015.

Standardised packaging: All cigarette and hand-rolling tobacco packaging will look the same, without branding, design or logo, from May 2016.



Summary

The nature of the problem is now very well described and the implications of smoking during pregnancy clearly established.

There is evidence and guidance to assist – the challenge is now to ensure this is systematically and sustainably implemented across the WHOLE system

Collaborative commissioning and delivery is needed ensure timely and appropriate identification/referral, continuity of care and effective interventions.

Important to continually highlight the scale of impact smoking during pregnancy has on the mother, the baby and the NHS - during pregnancy and on into childhood.

SCN's and clinical leads have a vital role to play in translating this into action within both primary and secondary care.

Websites and links to SiP information

Smokefree - <http://www.nhs.uk/smokefree/why-quit/smoking-in-pregnancy>

Start4Life – <http://www.nhs.uk/start4life/stop-smoking>

Information Service for Parents - <https://www.nhs.uk/start4life/signups/new>

Smokefree Action - <http://www.smokefreeaction.org.uk/>

NCSCT - <http://www.ncsct.co.uk>

UCL App - <http://www.smokefreebaby.co.uk/>

PHE – Jo.locker@phe.gov.uk