



Getting back on track: Delivering a smokefree start for every child

A report by Action on Smoking and Health (ASH) & the
Smoking in Pregnancy Challenge Group

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Getting back on track: delivering a smokefree future for every child

- Purpose of the report:
 - Understand why national smoking in pregnancy (SATOD) rates have only declined from 11% to 10.4% since 2015, despite a Government ambition to reduce SATOD rates to 6% by 2022
 - Set out recommendations to inform the 2021 Tobacco Control Plan, maximise the impact of the NHS Long Term Plan, and get us on track to achieve a smokefree 2030
- Based on:
 - Analysis of the available data
 - Interviews with key stakeholders and frontline professionals from healthcare, public health, maternity, local government

Summary

- Harms of smoking in pregnancy
- Policy context
- Key findings from the report
- Recommendations for the 2021 Tobacco Control Plan

Who we are

- Action on Smoking and Health (ASH) is a public health charity that works to eliminate the harm caused by tobacco.
- The Smoking in Pregnancy Challenge Group is a collaboration between academia, health professionals and organisations speaking for women and families. The Group was initially established in 2012 by ASH and the Lullaby Trust following a challenge from the then Public Health Minister to produce recommendations on how the Government's smoking in pregnancy ambitions could be realised.
- The Challenge Group is jointly chaired by Dr. Clea Harmer, Chief Executive of Sands, and Professor Linda Bauld of the SPECTRUM Research Consortium and the University of Edinburgh.

smoking in pregnancy challenge group



Impact of smoking and exposure to secondhand smoke during pregnancy

	Maternal Smoking	Secondhand smoke exposure
Low birthweight	2 times more likely	Average 30-40g lighter
Heart Defects	9% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Miscarriage	32% more likely	Possible increase
Sudden Infant Death	3 times more likely	45% more likely

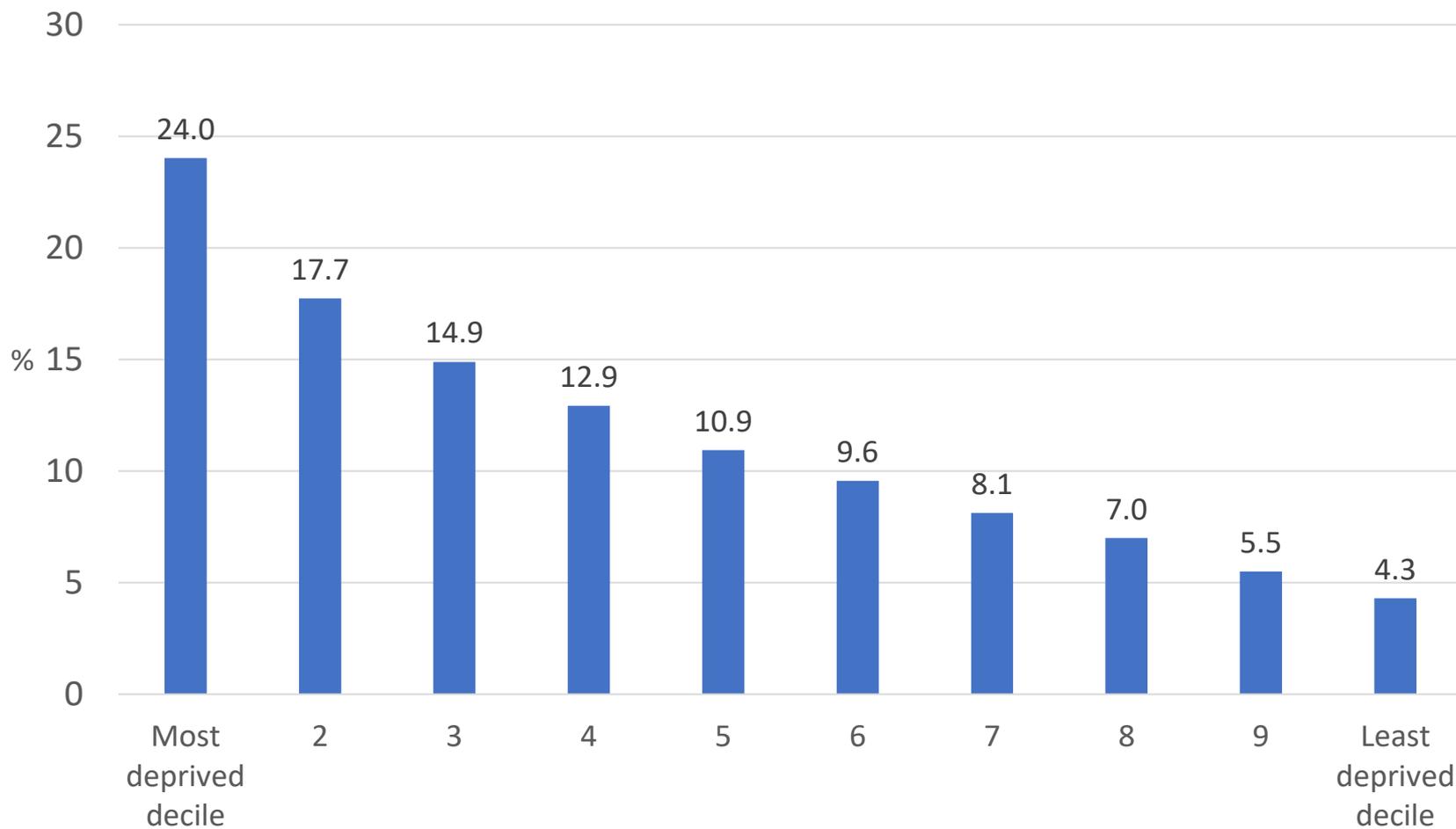
RCP. Hiding in plain sight: treating tobacco dependency in the NHS, 2018; RCP & RCPCH. Passive Smoking and Children, 2010

Exposure to secondhand smoke during childhood also increases the risk of sudden infant death (SIDS), chest infections, asthma, and meningitis.

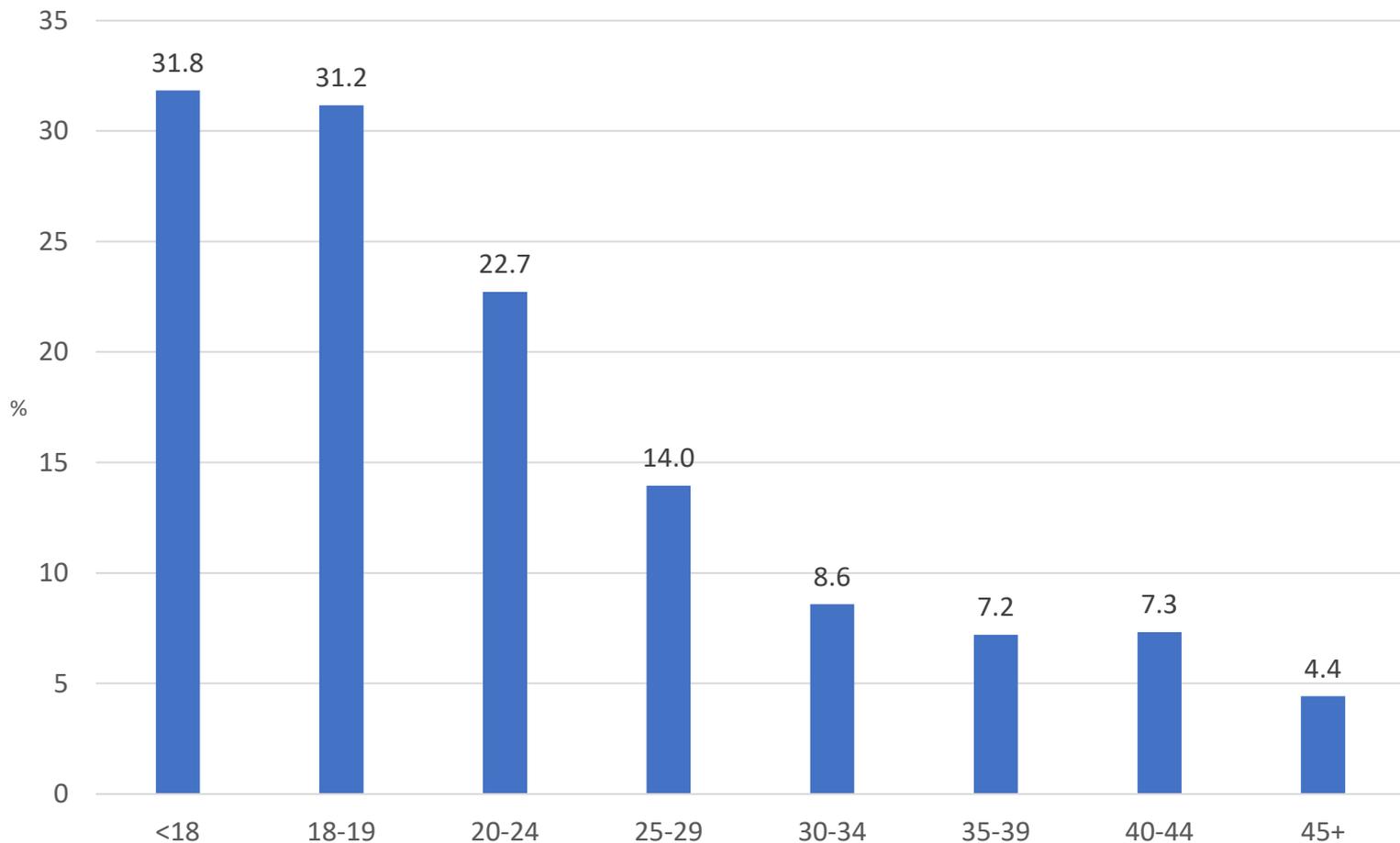
Counting the cost of smoking in pregnancy

- **Financial impact:** As well as human costs, smoking during pregnancy presents significant financial costs for the NHS, with pregnant smokers requiring more care and placing additional costs on NHS trusts compared to their non-smoking counterparts
- Estimated that maternal smoking cost the NHS over **£20 million** in 2015/16
- **Inequalities:** Rates of smoking in pregnancy have a strong social and age gradient with poorer and younger women much more likely to smoke and be exposed to secondhand smoke during pregnancy; less likely to quit; and more likely to relapse to smoking after birth

Rates of smoking in early pregnancy by deprivation decile (2018/19)



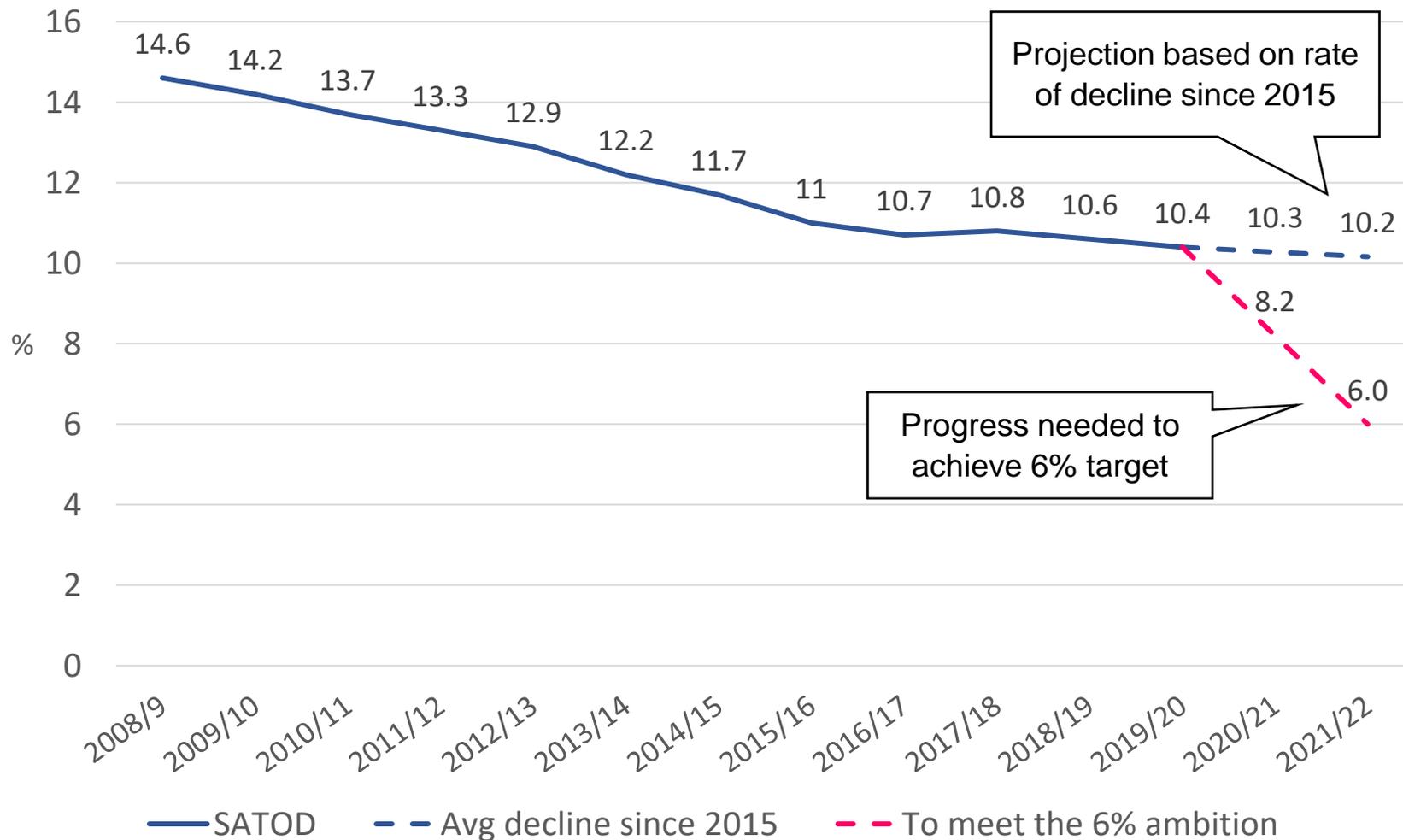
Rates of smoking in early pregnancy by age (2018/19)



National strategies

- The Tobacco Control Plan for England (2017) aims to reduce Smoking at time of delivery to **6% by 2022**
- Prevention Green Paper (2019) sets the ambition of a making England **smokefree by 2030**
- Maternity Transformation Programme established to improve outcomes in maternity care. Included publication of the Saving Babies' Lives Care Bundle – package of measures to reduce stillbirth prevalence – **reducing smoking in pregnancy is number 1**
- The NHS Long Term Plan commits to delivering an opt-out smokefree pregnancy pathway for expectant mothers and their partners

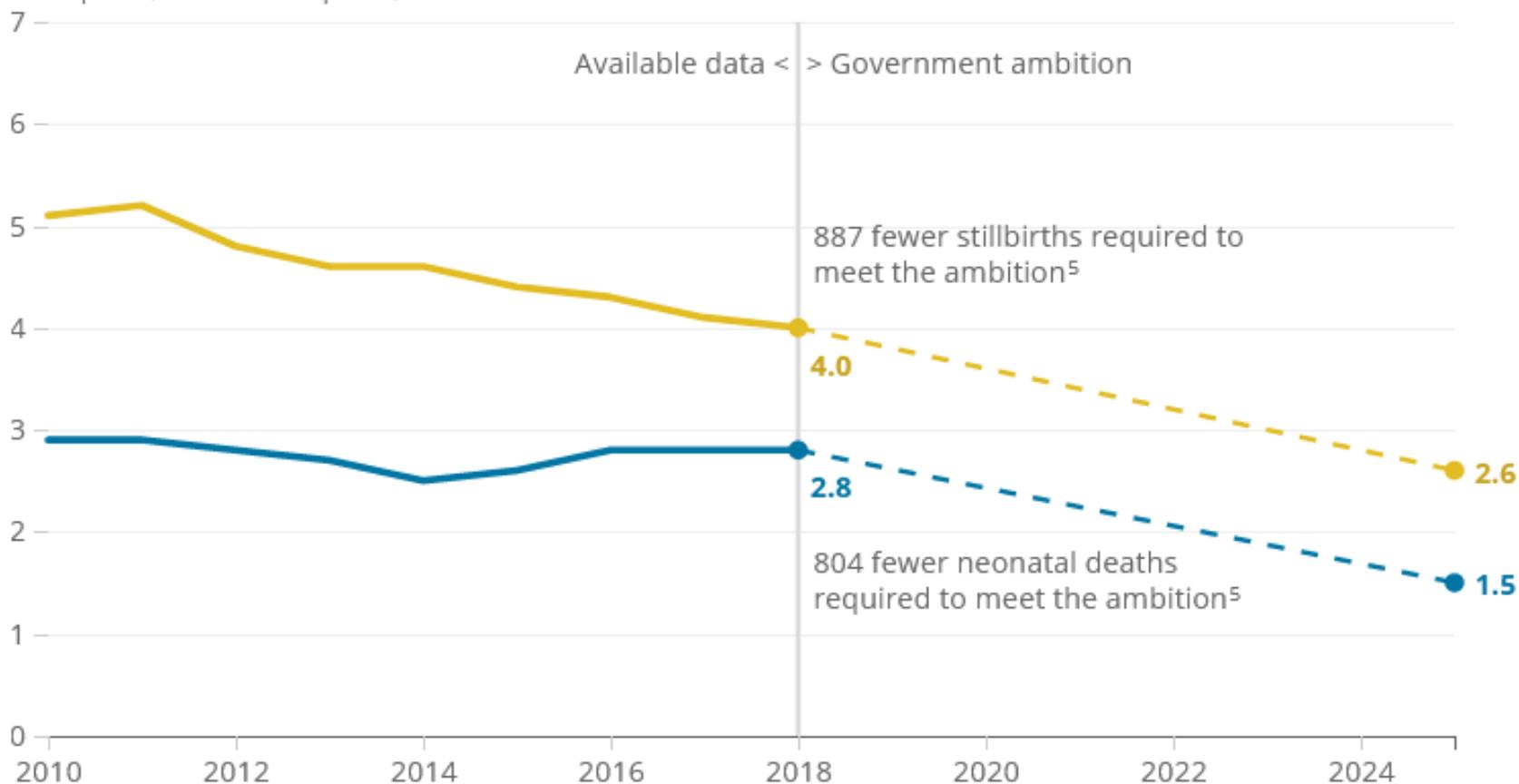
Progress towards ambition to reduce SATOD to 6% or less by 2022 in England



Progress against the ambition to halve stillbirths and neonatal mortality in England, 2010 to 2018

— Neonatal — Stillbirth

Rate per 1,000 births / per 1,000 live births



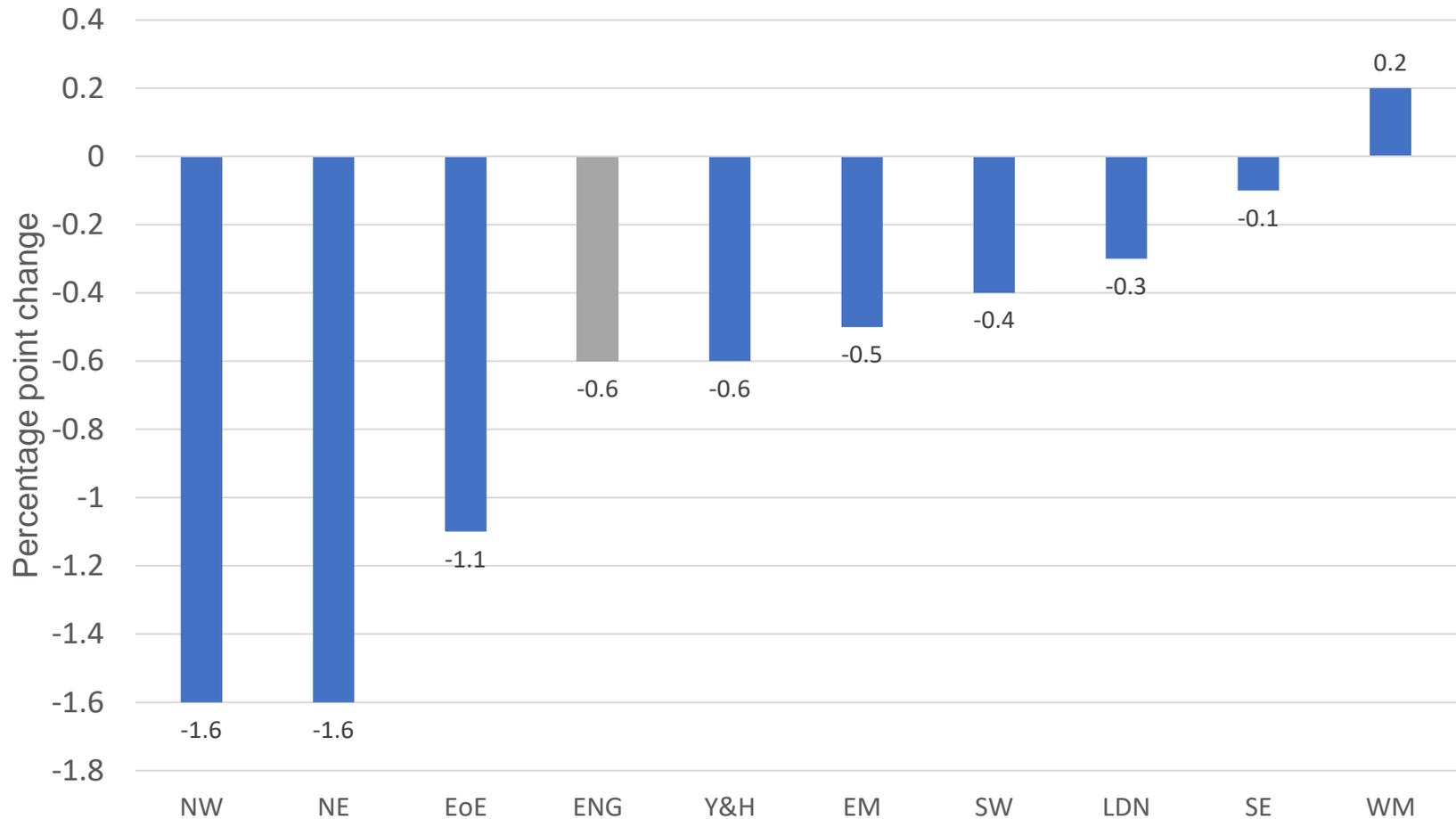
Progress against the ambition to halve stillbirths and neonatal mortality in England, 2010 to 2018

- We estimate that securing the Government's ambition to reduce smoking in pregnancy to 6% would contribute:
 - **Between 8% and 13%** of the reductions in stillbirths needed to meet the target, and
 - **Between 2% and 5%** of the reductions in neonatal deaths.
- Without reducing levels of smoking in pregnancy the stillbirth and neonatal mortality ambitions will be **much harder to secure**, leading to tragic outcomes for many families.

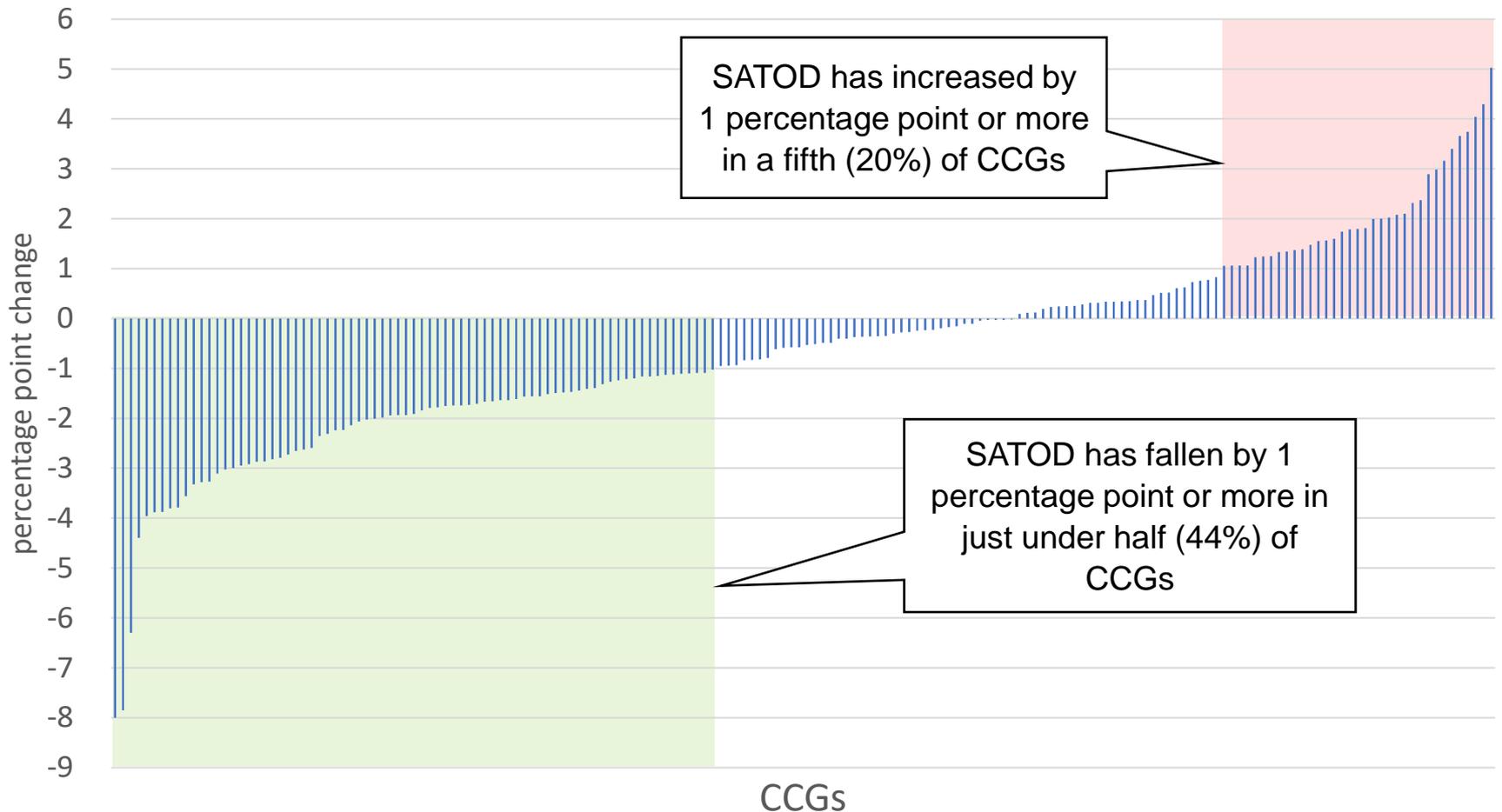
Why aren't national SATOD rates falling fast enough?

- Lots of contributing factors
- Significant regional and local variation in service delivery and outcomes
- The number of pregnant smokers accessing local authority stop smoking services has declined by a fifth since 2015
- Public health grant for local authorities cut by a fifth since 2015 = less funding for smoking cessation
- Smoking in pregnancy remains concentrated in younger, more disadvantaged groups who require enhanced support to quit

Regional change in SATOD rates between 2015/16 and 2019/20



CCG change in SATOD rates between 2015/16 and 2019/20



Only includes CCGs in existence from 2015/16 to 2019/20 (176 out of 191)

How effective are services at supporting pregnant women to quit smoking?

- Of women in England who were smokers at the start of their pregnancy in 2018/19:
 - 16.5% set a quit date with local authority stop smoking services
 - **4.6% went on to quit**
- Varies substantially across regions
- Just getting women through the door of stop smoking services is a big challenge

22 recommendations for...

- Achieving the smokefree 2030 ambition
- Overcoming variation
- Meeting training needs
- Tackling smoking in high prevalence communities
- Using nicotine in pregnancy
- Improving data collection
- Building back better after COVID-19

Recommendations apply to national and local government, PHE, NHS organisations, Royal Colleges...

Key recommendations for the 2021 Tobacco Control Plan

1. Implement the recommendations set out in the [Roadmap to a Smokefree 2030](#)
2. Set a new target for reducing smoking in pregnancy to get us on track to reach a smokefree 2030
3. Set out a national strategy for improving the provision of smoking cessation training to health professionals treating pregnant women
4. Develop interventions to address relapse to smoking postnatally, and smoking among fathers, partners and other high prevalence groups
5. Introduce financial incentives to support women in high smoking prevalence communities to quit