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Smoking in pregnancy: what midwives do and what women say

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Smoking in pregnancy harms women and children. Despite this, a third of mothers (33%) in the UK smoked in the 12 months before or during their pregnancy. Of these mothers, about half (48%) gave up at some point before the birth, but one in six (17%) continued to smoke throughout their pregnancy¹. These smoking rates are higher than in many other developed countries.

Of equal concern is the fact that between 2000 and 2005, although overall recorded rates of smoking in pregnancy have declined, inequalities in smoking have widened. The proportion of mothers in managerial or professional occupations who smoked before or during pregnancy decreased from 22% in 2000 to 20% in 2005, but the proportion of mothers in routine and manual groups who smoked rose from 46% to 48% in the same period¹.

The reasons why women continue to smoke during pregnancy are complex and relate to factors common to all smokers (such as addiction, habit and enjoyment of smoking) as well as those specific to pregnancy. Barriers to quitting in pregnancy include fear of weight gain, fear of increased stress and withdrawal symptoms, lack of support from a smoking partner or family member, denial of the risks to the baby and resistance to or lack of access to smoking cessation services. However, pregnancy also provides a unique opportunity when smokers are receptive to quitting and many women do quit. The chances of successful cessation can be increased if midwives and other health professionals identify pregnant smokers and advise them to stop as well as informing them about how to access specialist smoking in pregnancy services and nicotine replacement therapy, which is now licensed for use in pregnancy.

More needs to be done to reduce rates of smoking in pregnancy. The Department of Health's current consultation on the future of tobacco control provides an opportunity for organizations and the public to come forward with suggestions. Future developments need to focus on encouraging more women to access support to stop through: better mechanisms for identifying and recording smoking in pregnancy; better and more systematic systems for

¹ Information Centre (2007) Infant Feeding Survey 2005, Information Centre for Health and Social Care, Leeds. <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>

referral to specialist support; more consistent availability and delivery of specialist services throughout the country; improved access to NRT; and support for services and researchers to trial innovative methods to help women to quit. This is essential not only to reduce smoking in pregnancy but also to reduce the harm to infants caused by second hand smoke exposure in the home and to maximize the chances that children will grow up in a non-smoking household, therefore reducing the risk that they will become the smokers of the future.