

love
bump



Toolkit to reduce smoking in pregnancy



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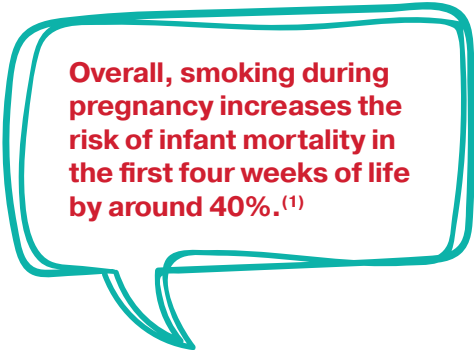
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The aim of Love Bump

The rate of smoking in pregnancy is higher in Nottinghamshire than the UK average.

Love Bump is a campaign to support pregnant women in Nottinghamshire to stop smoking. Love Bump aims to reduce the number of women smoking in pregnancy by improving access to specialist services and increasing awareness of the risks.

The dangers associated with smoking during pregnancy have been widely established. Maternal smoking in pregnancy remains the greatest cause of foetal ill health and death.



Overall, smoking during pregnancy increases the risk of infant mortality in the first four weeks of life by around 40%.⁽¹⁾

It has been estimated that a **10% reduction in infant and foetal deaths** could be achieved if all pregnant women stopped smoking. ⁽²⁾





Giving every child the best start in life must be made a priority. This should include protecting babies from the damage of tobacco smoke, both before and after birth.

Smoking is an entirely preventable activity. It is important to communicate to the mother that stopping smoking at any stage during pregnancy will be better for her baby.

The earlier the mother can stop smoking, the greater the health benefit will be for herself and her baby.

This toolkit has been developed to increase health professionals' knowledge and skills to support pregnant women to stop smoking. It provides additional information in support of local smokefree training.

**We all have our part to play.
As health professionals and family
service providers, we can:**

-  Identify more pregnant smokers as early in their pregnancy as possible so they can be offered the support they need to stop
-  Improve pregnant women's knowledge of the benefits of being smokefree
-  Increase opportunities for all pregnant women to access specialist stop smoking support
-  Reduce the numbers of pregnant women locally who smoke





your role

We can all play our part in advocating the benefits of a smokefree pregnancy.

Pregnant women respect you and look to you for honest advice. You are well placed to guide them towards a healthier lifestyle. Just a few minutes spent talking openly and honestly about smoking can help a pregnant woman on their journey to become smokefree.

Evidence shows that women in the UK under-report smoking during pregnancy. Studies suggest that around 25% of pregnant smokers do not self-report. ^(10,11) Women who do not admit to being a smoker may not receive the specialist stop smoking support they need which puts their health and the health of their baby at risk.

Within your role, you could:

-  Ask and record smoking (cigarettes, cannabis, shisha) and e-cigarette status at contacts
-  Give verbal and written information on stopping smoking and recommend the website and mobile phone app at **www.nhs.uk/smokefree**
-  Check stop smoking progress at postnatal appointments
-  Encourage engagement with stop smoking advisors

Impact of smoking

Risks to pregnancy

Tobacco smoke contains over 4,000 chemicals, many of which are known to cause cancer. Every cigarette smoked during pregnancy reduces oxygen flow to the baby for 15 minutes.

All pregnant mothers should be told that exposure to tobacco smoke increases the risk of:

- ♥ Ectopic pregnancy
- ♥ Miscarriage
- ♥ Placental abnormalities and premature rupture of the foetal membranes
- ♥ Stillbirth
- ♥ Preterm delivery
- ♥ Low birth weight (under 2500 grams)
- ♥ Perinatal mortality (up to one third higher)
- ♥ Sudden infant death syndrome
- ♥ Maternal nausea
- ♥ Maternal stress incontinence
- ♥ Maternal thrush, UTIs, chlamydia and pelvic inflammatory disease

Risks to babies

Babies exposed to tobacco smoke have an increased risk of:

- ♥ Cleft lip and cleft palate
- ♥ Attention deficit and hyperactivity disorder (ADHD)
- ♥ Impaired lung function and cardio-vascular damage
- ♥ Acute respiratory conditions such as asthma
- ♥ Learning difficulties
- ♥ Problems of the ear, nose and throat
- ♥ Obesity
- ♥ Diabetes
- ♥ Meningitis
- ♥ Sleeping difficulties
- ♥ Nausea, vomiting, cramping and diarrhoea

Children of smokers are up to three times more likely to become smokers themselves.^(3, 4)

Smoking and breastfeeding

Statistically, mothers who smoke are less likely to breastfeed their babies than non-smokers. Mothers who breastfeed and smoke will produce a smaller amount of breast milk and will usually breastfeed for a shorter period of time.

However, mothers who smoke should not be discouraged from breastfeeding.

Breastfeeding is still of greater benefit than infant formula feeding because:



Breastfeeding will protect baby from infections and provide nutrients they can't get from infant formula.



Breastfed babies of mothers who smoke have fewer respiratory infections than formula fed babies of mothers who smoke.

Secondhand smoke results in 300,000 GP visits and 9,500 hospital admissions for children nationally every year (Source: NHS Smokefree).

Secondhand smoke

Babies born to smokers are also at greater risk of exposure to secondhand smoke in the home and the car.

There is no safe level of exposure to secondhand smoke.⁽⁵⁾

Babies and children are especially vulnerable to the effects of secondhand smoke because they have smaller blood vessels and their organs are still developing. They breathe faster and breathe in more toxic chemicals than adults.⁽⁶⁾

Children exposed to second-hand smoke are at increased risk of bronchitis, asthma symptoms, middle-ear infections (glue ear) and sudden infant death syndrome (cot death).

Smoking rates in Nottingham

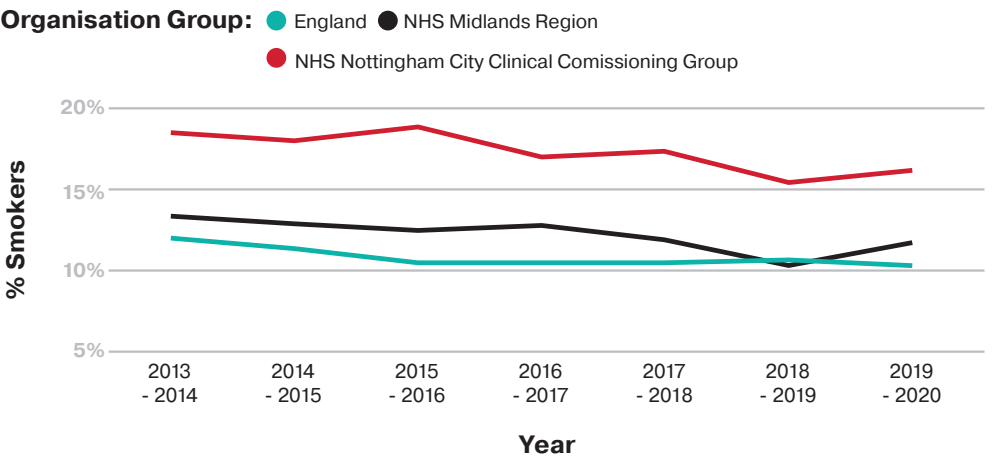
Rates of smoking during pregnancy are significantly higher in Nottingham and some areas of Nottinghamshire than England as a whole.

The Tobacco Control Plan for England commits to reduce the rate of smoking in pregnancy nationally to 6% or less by the end of 2022.

Smoking rates vary by age and social group. Teenage women are six times more likely to smoke throughout pregnancy than older mothers aged 35 years and over.⁽⁷⁾

Similarly, smoking is associated with higher levels of social deprivation - pregnant women in routine and manual occupations are five times more likely to smoke than those in professional and managerial roles.⁽⁸⁾

The data below shows that the number of pregnant women smoking until delivery has declined nationally since 2013. However, the rate remains higher in Nottingham than in the rest of the Midlands region and England as a whole.



Organisation Group	England	NHS Midlands Region	NHS Nottingham City CCG
Year	% Smokers	% Smokers	% Smokers
2013/2014	12.0%	13.6%	18.5%
2014/2015	11.4%	12.8%	18.0%
2015/2016	10.6%	12.2%	18.7%
2016/2017	10.5%	11.9%	17.2%
2017/2018	10.6%	12.3%	17.0%
2018/2019	10.4%	10.7%	15.6%
2019/2020	10.2%	11.7%	16.3%

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

The referral process

All women should be referred for stop smoking support if they:

- ♥ Report they are a current smoker
- ♥ Have stopped smoking in the last two weeks.

If there are other smokers in the woman's household, they can also access support. They should be referred to their local stop smoking service.

Any referrals should be documented in the woman's medical record.

At the time of referral, you should:

- ♥ Request and record the woman's smoking status, including cigarettes, cannabis, and shisha.
- ♥ Record whether she is using an e-cigarette.
- ♥ Speak to the woman about the risks of smoking during pregnancy.
- ♥ Ask if their partner or any family members smoke. If the answer is yes, signpost to relevant local services.

Supporting new mums to stay smokefree

Women who have stopped smoking during their pregnancy can be at high risk of starting smoking again after they give birth.

There are lots of reasons for this:

- ♥ For many women, the impact on their unborn baby's health is the main reason they stop smoking during pregnancy.
- ♥ New mums are often tired and stressed and can turn to smoking as a relief.
- ♥ They may start socialising again with people who smoke. Or friends and family may start smoking around them again because they are no longer pregnant.
- ♥ Physical cravings may return.

It is important to continue to speak to all new mums and dads about smoking, and offer advice where needed. You should signpost to relevant services, and follow up at your next meeting or appointment.

This applies to women who stopped smoking while pregnant and may still be smokefree, and women who continued to smoke during pregnancy. Having extra support from a specialist stop smoking service can help women to stay smokefree or make a new quit attempt.

There are lots of reasons why women should be supported to stay smokefree after they have given birth.



Mums who smoke can find it more difficult to breastfeed. Smoking affects the hormone involved in milk supply. Women who smoke tend to have poorer quality and a lower volume of breast milk. This can impact on their breastfeeding experience (See page 8).



Smoking can slow down the healing process, for instance Caesarian scars or vaginal sutures may take longer to heal.

There are long-term health risks to babies who are exposed to smoke in their environment.



Babies and children are especially vulnerable to the effects of secondhand smoke because they have smaller blood vessels and their organs are still developing.



Their breathing rate is faster and so they will breathe in more toxic chemicals than adults.



Babies who are exposed to secondhand smoke are at increased risk of respiratory problems, middle-ear infections, and sudden infant death syndrome (SIDS/cot death).

Talking to Women about stopping smoking

We want to make sure that women have all of the information they need to make their own decision about stopping smoking.

It is our responsibility to:

- ♥ Raise the issue of smoking with all women
- ♥ If they smoke (or have recently stopped) give them the facts about the risks associated with smoking
- ♥ Give them time to consider what you have said and answer any questions
- ♥ Signpost to free services they can use (stop smoking support)
- ♥ Follow up at the next appointment.

Tips for talking about smoking

- ♥ Always ensure the woman can talk freely and openly. Some women may be reluctant to talk about smoking if friends or family are present. They may be more likely to admit they smoke if they are alone. If you are doing a telephone consultation, check that they feel comfortable and ask if there is a better time to call back.
- ♥ Use open-ended questions, for instance: 'Could you tell me about any times you have tried to stop smoking in the past?'. This encourages an open conversation.
- ♥ Some women may disclose that they have tried to quit in the past but have been unsuccessful. Keep the conversation positive - acknowledge the challenges and congratulate them for seeking support to stop smoking again.

Talking about smoking in pregnancy can be challenging - for both health professionals and expectant mums. However, it's a conversation that we all need to become more comfortable with.

There is more advice available on the National Centre for Smoking Cessation and Training (NCSCT) website www.ncsct.co.uk/publication_very-brief-advice.php

Ask

"Do you or anyone else in your household smoke tobacco products (cannabis, cigarettes and shisha)?"

If the answer is.....



I smoke

Someone in my household smokes

Ask

"Have you smoked in the last 12 months, if you have when did you have your last cigarette?"

This is an important question to ask. Although they have recently stopped smoking, they may benefit from some support to remain smokefree throughout their pregnancy.

If the woman says they have stopped smoking within the past 2 weeks refer to stop smoking support.

It may be helpful to ask:



"What are the positive differences you have noticed since being smokefree?"



"Have you experienced any difficulties so far? How have you overcome them?"



"Is anyone else smoking in your household?"

Advise

"We know that Stop Smoking Services support lots of pregnant women and we can refer you."

Advise

"If your partner/family member/housemate smokes and wants to stop, we can refer them as well."

Assist

Make a referral to stop smoking support. If the woman indicates that she is unwilling to quit at this time you must still provide information on stopping smoking and ask:



"What do you think would motivate you to stop smoking?"



"If you change your mind I'm always here to help or you can speak to anyone here."

Stop smoking strategies for pregnant and new mums

Often people feel daunted by the prospect of stopping smoking because they feel they lack a clear strategy. Here are some tips that you can give to anyone who is thinking of stopping smoking.

1. Set a quit day

Quitting completely, rather than cutting down, will increase your chances of stopping smoking for good.

2. Think about your habits

Think about the times of day you smoke and try to change your routine. Try doing things in a different order or add something new to your routine. Instead of having a cigarette as soon as you wake up, try having a shower first, or making breakfast. Go for a walk or a run at lunchtime.

3. Get rid of any smoking reminders

Throw away any smoking paraphernalia, like ashtrays or lighters. Look for any spare lighters hiding around the house or in coat pockets and throw them away.

4. Try using NRT

Nicotine Replacement Therapy (NRT) can increase the chances of stopping smoking when used alongside behaviour change techniques. NRT helps to reduce cravings and the impact of withdrawals.

5. Identify your triggers

Do you smoke when you're bored, stressed, hungry or tired? How about when you're celebrating, or when you're in a social situation with friends who smoke? Planning coping strategies for dealing with your triggers can help you stop for good.

6. Work out some delay tactics

Cravings usually only last for a few minutes, so try out some different delay tactics. Many people find breathing exercises beneficial. If you smoke when you are stressed, try moving away from the stressful situation and going for a walk around the block or the building for 5 minutes, breathing deeply. You could call a friend or family member for a chat while you walk.

7. Keep your mind and hands busy

Take your mind off the idea of smoking by doing something you enjoy, like a hobby or a new exercise. If you usually smoke on a break at work or during your down time, try going for a walk or cycle. You could also try doing things to keep your hands busy, like sewing/knitting, crosswords, or playing games on your phone. Many people choose to chew gum or boiled sweets when they would normally have a cigarette.

8. Think about the money you are saving

Stopping smoking often has a significant financial benefit. By stopping smoking, you will save the money you would usually spend on cigarettes. For many people, this is an added bonus and motivator alongside the huge health benefits. Plan to do something exciting or important with the money you save as a reward for stopping smoking, like booking a holiday or buying new things for the baby.

Nicotine Replacement Therapy








Nicotine Replacement Therapy (NRT) is licensed for use in pregnancy. It can be offered to women to reduce withdrawal symptoms and help stop cravings.

Women accessing specialist stop smoking support and using NRT increase their chances of quitting.

NRT is available on prescription and is free for pregnant women. It is prescribed for up to 12 weeks for a stop smoking attempt and should be discontinued after three to four months.


NRT is much less harmful to the baby than smoking. The baby only receives nicotine and not the other thousands of chemicals present in cigarettes and tobacco.

There are seven different types of NRT commonly used:

-  Patches
-  Gum
-  Inhalator
-  Lozenges
-  Nasal Spray
-  Mouth spray
-  Mouth strips

Points to remember

- ♥ Intermittent NRT products are preferable to patches. During a quit attempt a women can use a single NRT product or a combination of a patch with an oral product if they are a heavy and more dependent smoker.
- ♥ Pregnant women can metabolise nicotine faster (up to 60%) than when not pregnant so they may require higher doses of NRT to control cravings and other withdrawal symptoms.
- ♥ Varenicline (Champix) and Bupropion (Zyban) are **not** licensed for use during pregnancy or when breastfeeding.
- ♥ Pregnant and breastfeeding women should not wear the 24 hour NRT patch overnight. They can only wear it during the daytime.
- ♥ Pregnant women experiencing nausea, especially during the first trimester, may struggle to use oral NRT products because of the taste.



The use of Nicotine Replacement Therapy exposes the baby to less nicotine than smoking a cigarette.

Electronic Cigarettes

The Smoking in Pregnancy Challenge Group has produced a guide for midwives and other healthcare professionals on the use of electronic cigarettes during pregnancy.⁽¹⁴⁾

What are E-cigarettes?

E-cigarettes are designed for users to inhale nicotine through a vapour rather than smoke. They work by heating and vapourising a solution that typically contains nicotine, propylene glycol or vegetable glycerine and flavourings.

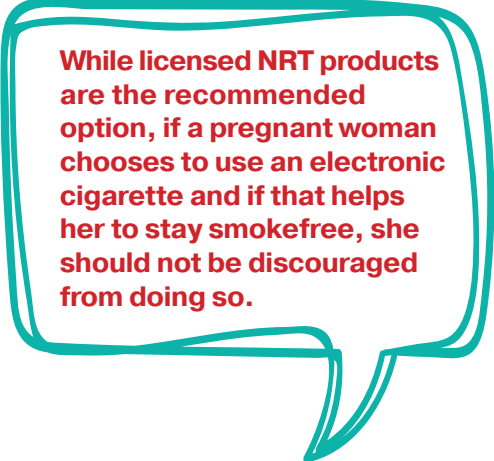
Unlike cigarettes, e-cigarettes do not burn tobacco and do not produce tar or carbon monoxide. They are 'vaped' rather than smoked and do not contain the toxins found in tobacco.

Are e-cigarettes safe to use?

E-cigarettes are not completely risk free, however based on the current evidence they carry a fraction of the risk of smoking. If using an e-cigarette helps you to stay smokefree, it is much safer for you and your baby than continuing to smoke.

E-cigarettes are still fairly new and we don't yet have evidence on whether there are any effects of longer term use. We also don't know about any risks to unborn babies from exposure to vapour.

Rather than switching immediately to e-cigarettes, mums-to-be are advised to access specialist stop smoking support or use nicotine replacement therapy (NRT) products, which are licensed medicines appropriate for use during pregnancy and free when prescribed.



While licensed NRT products are the recommended option, if a pregnant woman chooses to use an electronic cigarette and if that helps her to stay smokefree, she should not be discouraged from doing so.

Paan, shisha, and cannabis products

Women using niche tobacco products such as shisha and paan should also be supported to stop.

Paan

Whilst the paan leaf itself is not harmful it contains tobacco and harmful ingredients.

- ♥ Smoking paan is linked to cancers and pre-cancerous lesions
- ♥ Lime is corrosive and damages the lining of the mouth
- ♥ Paan masala contains artificial colourings and spices.

Shisha

Shisha pipes, also known as hookah or hubble-bubble pipes, use tobacco sweetened with fruit molasses or sugar, which makes the smoke more aromatic than cigarette smoke.

- ♥ Traditionally shisha tobacco contains cigarette tobacco and nicotine as well as the cancer causing chemicals found in cigarettes.
- ♥ People smoke shisha for much longer periods of time than smoking a cigarette. The average session lasts for around an hour.

♥ In one puff of shisha, it is likely that you inhale the same amount of smoke as you would get from smoking a whole cigarette.

♥ Shisha smokers are at risk of the same kinds of diseases as cigarette smokers such as cancer, respiratory disease and risks during pregnancy.

Some people mistakenly think that shisha smoking is not dangerous or addictive because the water used in the pipe absorbs the toxins and the nicotine. Although some of the nicotine is absorbed by the water, shisha smokers are still exposed to enough nicotine to result in addiction.

Cannabis

Cannabis is one of the most widely used recreational drugs and is illegal in the UK - it is a Class B drug under the Misuse of Drugs Act 1971.

Cannabis is almost always mixed with tobacco and smoked. It therefore has the same risks during pregnancy as smoking cigarettes. This includes an increase in the risk of birth defects, miscarriage, sudden infant death syndrome and reduced foetal growth. There is also an increased risk of depression and a decrease in energy and motivation for pregnant women.

Mythbusting

Lots of women have misconceptions about smoking during pregnancy. Sometimes they aren't aware of what stop smoking services are available, or how to access them.

Some mums may ask you questions about the impact of smoking on their baby. We've put together some useful responses to help you 'bust the myths'.

Myths about smoking during pregnancy



Smoking makes the baby smaller and the birth easier

A smaller, weaker baby will not make birth easier. In fact, it can lead to complications and you may have to stay in hospital for longer.




If I stop smoking, I'll put weight on

The best way to avoid weight gain is to make sure you eat a healthy balanced diet and get plenty of exercise. If you go outside for a walk whenever you crave a cigarette, both you and your baby will be healthier and happier.



**Smoking stops me
feeling stressed**

Quitting smoking can be stressful at first. But it's worth remembering that cigarette smoke increases stress levels in your baby, which lasts for 15 minutes after you finish the cigarette.



**I smoked during my last
pregnancy and my baby was
ok, or my mum smoked and
I'm ok**

Smoking when pregnant is very dangerous and is thought to be the cause of 40% of infant deaths.




**I'm 3 months pregnant
already so it's too late to stop**

It's never too late. Even stopping in the last few weeks of pregnancy can benefit you and your baby.



**I'll just cut down instead
of quitting**

It's a start but it won't protect your baby from the harmful chemicals in tobacco smoke.



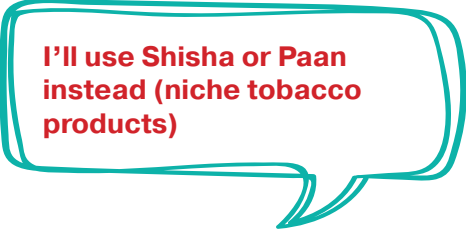
**I can't stop smoking
because my partner/
family still smoke**

Lots of mums-to-be ask their friends and family not to smoke in the house or around them because second-hand smoke also harms your unborn baby. They can get free help from the stop smoking service too.




Smoking is my 'me time'

Quitting is difficult, we know. So use the money you save to treat yourself and your baby. Someone who smokes 15 cigarettes a day could save over £2,000 in one year.



I'll use Shisha or Paan instead (niche tobacco products)

Shisha smoking is just as harmful to your baby as smoking cigarettes. Paan also contains substances that can cause cancer (see page 21).



I'm using an e-cigarette instead of smoking

Electronic cigarettes (e-cigarettes) are not risk free, however based on the current evidence they carry a fraction of the risk of smoking.

If using an e-cigarette helps you to stay smokefree, it is much safer for you and your baby than continuing to smoke.

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With thanks to Lancashire County Council and their 'Quit for you – Quit for Two' initiative.

Notes

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