



# Maternity Smoking & Wellbeing Service

Cath Einon & Sarah Burton

***"What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being— from obesity, heart disease and mental health, to educational achievement and economic status."***

Michael Marmot 2010 [Fair Society Healthy Lives \(The Marmot Review\) - IHE](http://instituteofhealthequity.org)  
[\(\[instituteofhealthequity.org\]\(http://instituteofhealthequity.org\)\)](http://instituteofhealthequity.org)



## Key strategic priority

- ❖ Healthcare Inspectorate Wales 2020
- ❖ Maternity Care in Wales – 5 year Vision 2017
- ❖ Royal College of Obstetrics & Gynaecology ‘care of women with obesity in pregnancy’
- ❖ Healthy Weight Healthy Wales Strategy 23
- ❖ Smoke free Premises and Vehicles (Wales) legislation 2021
- ❖ HDUHB Smokefree policy 2023
- ❖ Tobacco Control Strategy and Delivery Plan 22-24
- ❖ NICE guidance NG209, CG110, PH27
- ❖ Hywel Dda Health Improvement & Wellbeing Strategy



Why is it so important?

*“Maternal exposure to tobacco smoke in pregnancy is a key modifiable risk factor for baby death and disability. Smoking is linked to preterm birth, still birth and neonatal morbidity as well as miscarriage, foetal growth restriction and infant mortality. The decline in smoking is slower amongst women of lower socio-economic status contributing to health inequalities.”*

*Stock SJ, Bauld L (2020)*

## Smoking remains the greatest modifiable risk factor

- Toxins in tobacco smoke damage the placenta and can lead to abruption, miscarriage or placenta praevia and foetal anomalies often resulting in termination
- Infants of mothers who smoke in pregnancy are at increased risk of respiratory complications e.g asthma
- Increased chance of obesity in childhood and diabetes
- Behavioural disorders e.g ADHD/ Autism
- Visual difficulties
- Congenital malformations such as muscular, orofacial, gastrointestinal and cardiac defects.

**These effects are likely to be dose dependent**

	Maternal smoking	Passive smoking
Low birth weight	Average 250g lighter	average 30-40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24%-32% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Heart defects,	55% more likely	Increased risk
Sudden infant Death	3 times more likely	45% more likely

# Neurodevelopmental impact

- The harm of maternal smoking on early neurodevelopment have been found to persist into later life with **higher rates of antisocial behaviour** and **drug abuse** reported amongst adolescents whose mothers smoked during pregnancy. (Fernandes et al 2015)
- Disturbances in **cognitive abilities, behavioural and attention** during childhood (Milberger et al 1998; Julvez et al. 2007; Rogers 2008; Hackshaw et al 2011)
- **Conduct disorder** in Boys – mothers who smoked during pregnancy were significantly more likely to have children with conduct disorder even when controlling for other influencers. (Wakschlag; 1997)
- The odds of a child taking up smoking is significantly increased if a member of the household smokes, this is especially true if this is the mother. Even greater if both parents smoke. (Leonardi-Bee et al 2011)

# Environmental smoke

Exposure to second hand smoke is the **most hazardous** of environmental exposures.

Risks as with maternal smoking but additionally:

- Respiratory tract infections, asthma, bronchitis and pneumonia
- Glue ear
- SIDS - Sudden infant death syndrome
- Increased cancer/ cardiac risk



## Additional opportunities in targeting this group

- Pregnant women who frequently drink alcohol are more likely to be tobacco users.
- Pregnant women who smoke are more likely to report drinking during pregnancy
- Smokers are more likely to be heavy drinkers during pregnancy
- Marijuana use accounts for 75% of illicit drug use during pregnancy
- Women using marijuana during pregnancy are also more likely to smoke cigarettes and drink
- Usual midwifery contact is limited to specific points in the pregnancy; 8 weeks, 16 weeks with more appointments in later trimester.
- This intervention provides an opportunity to identify and support other risks such as alcohol use, mental health, substance concerns.



# Rationale behind the Smoking & Wellbeing support

**Routine Carbon monoxide** - monitoring of all pregnant people in initial assessment will identify all smokers and those exposed to smoke.

**Opt out referral** - to a specialist team allows a rapport to be built from the initial conversation.

**Patient centred, health coach informed support** - within maternal services, therefore supporting those most at risk at a time of increased vulnerability and opportunity.

**Cogent & consistent brief advice & information**

# Key features

- **Opt out referral** for anyone with a CO over 4ppm or self-reports as a smoker (or quit within past 2 weeks)
- **Pre-pregnancy and Post birth**
- **Harm reduction** for those who are unwilling or unable to commit to a quit
- **Imbedded in maternity services** – feedback to referrer and MDT to discuss those who don't respond
- **lifestyle support & signposting**; nutrition, physical activity, breast feeding support, drug & alcohol.
- Staff trained in health Coach – person centred, flexible and long term
- Support available to everyone in the **household**
- Support available for **vape users**
- **Training** provided to all staff coming into contact with this cohort pre and post birth

## Standard Operating Procedure for Maternity Smoking Project



Guidance for Maternity  
Smoking & Wellbeing service

2023



GIG  
Cardiff  
NHS  
HEALTH BOARD

Specialist Unit in Hospital  
Special Unit  
Community Health Board



Tim Gwella Iechyd a Llesiant

**0300-303-9652**

Health Improvement and Wellbeing Team

Flying start

Health Visitors

Fertility clinic

Alice Evans  
Perinatal  
MH  
Pharmacist

Community  
dietetics

CDAT

Head of Health Improvement & Wellbeing  
Strategic Planning Delivery & Partnership  
Joanna Dainton \*

Public Health Midwife  
Sarah Burton  
22.5 hours

Service Development  
Manager  
Smoking & Wellbeing Team  
Cath Elinor \*

Senior Practitioner  
Smoking & Wellbeing Team  
Annalies Hichman -Morgan \*

Smoking & Wellbeing  
Team  
Maternity Practitioner  
Alison Osbourne  
37.5 hrs

Smoking & Wellbeing  
Team  
Maternity Practitioner  
Melody Abbott  
37.5 hrs

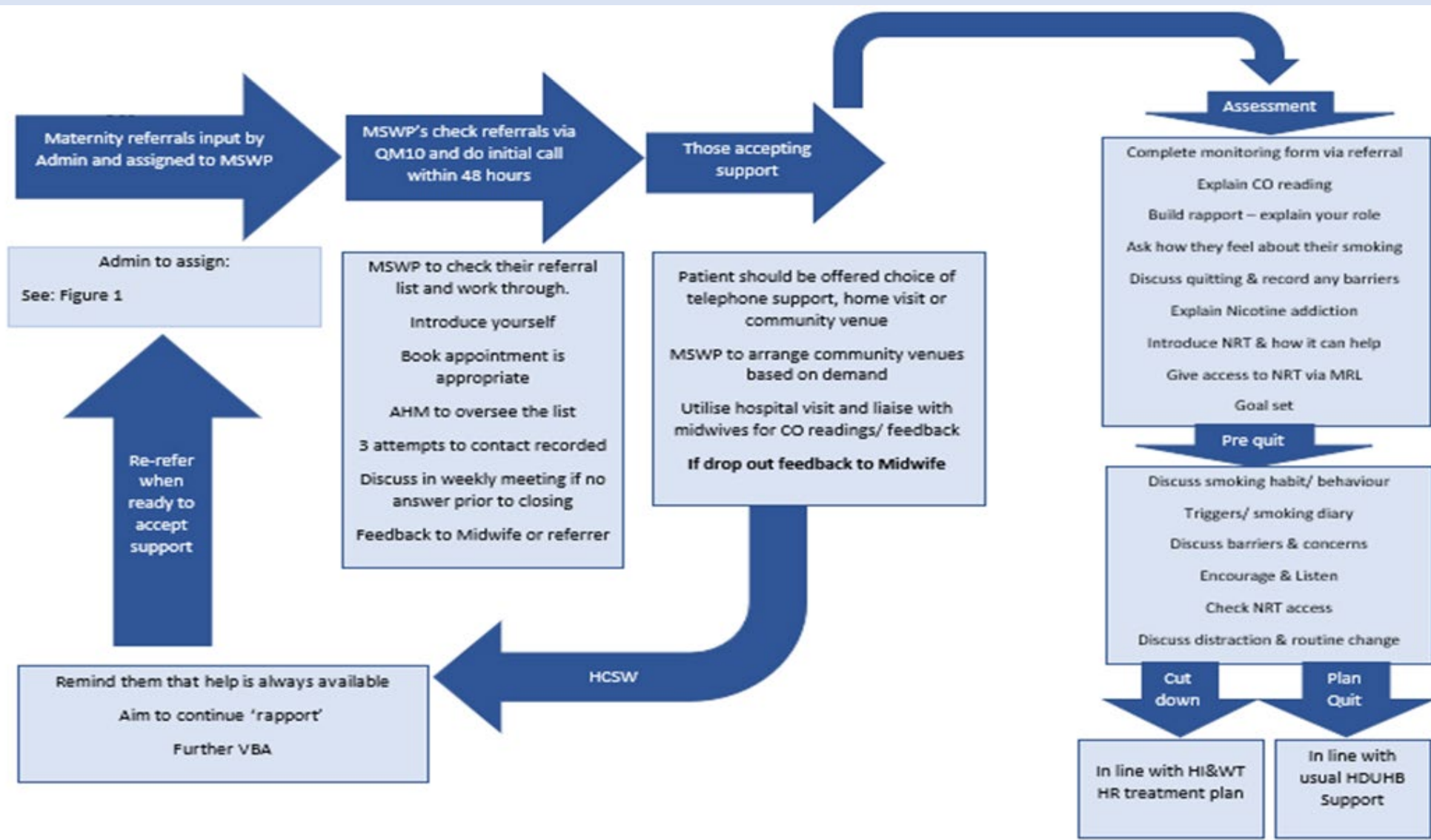
Smoking & Wellbeing  
Team  
Maternity Practitioner  
Lisa Stanton-Jenkins  
25 hrs

Smoking & Wellbeing  
Team  
Maternity Practitioner  
Stacy Baker \*

Health Care Worker  
Midwifery Team  
Carys Wyn Jones  
17.5 hrs

Health Care Worker  
Midwifery Team  
Anwen Lloyd Evans  
21.5 hrs

Health Care Worker  
Midwifery Team  
Adelina Boti  
15 hrs







## Smoking in pregnancy

Hywel Dda University Health Board

Sarah Burton, Specialist Midwife for Public Health, 2022

## CO Monitor Training

2022 – Smoking and Wellbeing Team

## Pharmacotherapy

## Maternity Smoking & Wellbeing team

Hywel Dda University Health Board

## E-cigarettes in pregnancy

How safe are e-cigarettes?

Can I use an e-cigarette to help me quit smoking?

Can I use an e-cigarette if I'm breastfeeding?

Is nicotine harmful for my baby?

Is second hand vapour from e-cigarettes harmful to pregnant women?

Can I keep smoking a little bit if I'm also using an e-cigarette?

## SMOKING IN PREGNANCY

CAUSES UP TO 300 STILLBIRTHS AND 2,200 PREMATURE BIRTHS IN THE UK EVERY YEAR.

- Asthma, heart disease, ADHD and autism are just a few of the problems caused by smoking during pregnancy.
- The smoke can last for up to 15 minutes in the womb, restricting essential oxygen to your baby.
- A baby whose mum smoked is 25% more likely to die from cot death than a baby whose mum didn't smoke.

**BTW**

**WHEN YOU QUIT, YOUR BABY WILL BENEFIT IMMEDIATELY CAUSE THEY'LL HAVE THEIR NORMAL OXYGEN SUPPLY BACK. SMOKING IS MOST HARMFUL IN THE LAST FIVE MONTHS!**

**PHEW!**

**THING IS THO**

Their tiny heart has to beat harder every time you smoke. Your baby is completely dependent on you. If you smoke your baby smokes and will go through nicotine withdrawal once it is born. So, the sooner you quit the better.

Looking for support? We're always a FB message/tweet away! Also, your Midwife Health Visitor, GP or local pharmacy will have all the answers, offer great support and give the right advice on nicotine replacement therapy (NRT).

**CHOOSE SMOKEFREE**

WANT HELP TO QUIT SMOKING? GIVE US A SHOUT ON: @SMOKEFREEWALES

## Smoking in Pregnancy

Protecting your baby from tobacco smoke is one of the best things you can do to give your child a healthy start in life. It can be difficult to stop smoking, but it is never too late to quit.

Every cigarette you smoke contains over 4,000 chemicals, so smoking when you are pregnant can harm your unborn baby.

Cigarettes can also restrict the essential oxygen supply to your baby. This is due to the carbon monoxide being delivered to the baby through the placenta instead of oxygen.

Stopping smoking now will also help your baby later in life. Children whose parents smoke are more likely to suffer from asthma and other serious illnesses that may need hospital treatment.

## BEAT THE CRAVINGS WITH NRT

**WHAT IS NRT?**

The main reason that people smoke is because they are addicted to nicotine.

**SKIN**

**Nicotine Patches:** To allow a steady and constant amount of nicotine to be absorbed through the skin. There are different strengths of patch, from 1mg to 21mg. The patch is worn for up to 16 hours a day, for up to 7 days.

**MOUTH**

These forms of NRT provide the relief from cravings by allowing nicotine to be absorbed through the lining of the mouth or lungs.

**INHALERS:** These contain nicotine and are used in the same way as an inhaler.

**QUIT:** These are used between the gums and the lower lip.

**Micotine:** These are placed under the tongue, dissolving in the mouth.

**Vapes / E-cigarettes:** Electronic devices that heat a liquid to create a vapour that is inhaled.

**NOSE**

**Nasal Spray:** A small amount of nicotine is absorbed through the lining of the nose.

**Lozenges / Mini Lozenges:** These are placed in the mouth and dissolve.

**DECIDING TO QUIT**

**"HOW MUCH NRT DO I NEED?"**

Use NRT to reduce the level of nicotine your body is used to reaching. When you smoke, the more NRT you use, the more relief you will get.

**USING NRT TO QUIT**

When you use NRT, you are not smoking. This means you can avoid all the harmful chemicals in tobacco smoke.

**"I DON'T SMOKE PACKET CIGARETTES."**

If you smoke less than 10 cigarettes a day, you may only need 1mg or 2mg NRT. If you smoke 10 or more cigarettes a day, you may need 4mg or 8mg NRT.

**TOP 10 TIPS TO QUIT SMOKING**

1. Set a date to quit.
2. Get rid of smoking products or your phone.
3. Try different ways to give your brain a buzz for a few days.
4. Use a combination of NRT types.
5. Find ways to keep your mind off smoking.
6. You can use fast acting NRTs before quitting.
7. Avoid situations where you're normally a smoker.
8. Keep track of the money you're saving.
9. Exercise. Try to stay active to release stress.
10. Get help. Consider NRT with specialist support.

# Additional Services provided by the team

## The Foodwise in Pregnancy app



**Are you pregnant?**

Do you want to know more about what foods are best for you and your baby during pregnancy and beyond?

Are you unsure where to find advice and support about eating well and keeping active in pregnancy that you can really trust?

Would you like quick and easy access to this information - all in one place and at the touch of a button?

This FREE new app, developed by NHS Wales professionals is designed to provide all this, and more. It brings together trusted nutrition, physical activity and healthy weight advice to support you throughout your pregnancy journey.

There are 16 main sections to explore at your own pace, all with interactive games, quizzes and tools, including:

- how to achieve a healthy diet for you and your baby
- practical ideas for keeping active
- why to sleep more in bed for pregnancy
- setting goals to keep you on track
- recipe ideas, label reading, shopping tips and meal plans



The app is available to download from Apple Store and Google Play



## WALKING GROUP GRŴP CERDDED



Inviting anyone who is pregnant or new parents to come walking with us.

Croeso i unrhyw un sy'n feichiog neu'n rhieni newydd i ddod i gerdded gyda ni.

Come and join Adee, Anwen and Carys for walks in your area. We have found easy gentle walks around Carmarthenshire, Pembrokeshire and Ceredigion.

Ymunwch gyda Adee, Anwen a Carys ar daith gerdded yn eich ardal chi. Rydym wedi dod o hyd i deithiau cerdded hawdd o amgylch Sir Gaerfyrddyn, Sir Benfro a Cheredigion.



Scan the QR code to find walks today

Sganiwch y cod QR i ddod o hyd i deithiau cerdded heddiw



Health Action Plan  
Pwerau Cymuned  
Cymunedau Iechyd



## Substance Misuse in Pregnancy Guideline

The pathway has been developed which covers all aspects of care from booking to the eventual discharge from maternity services

### Key features:

- Caring for people with complexities
- Use of anaesthesia
- Withdrawal
- Overdose

### Coproduced with:

- CDAT
- Safeguarding team
- Anaesthetics
- Obstetricians
- Flying start midwives
- Perinatal mental health
- Midwives
- Pharmacy

Document awaiting ratification via the maternity guidelines forum and medicines management in the HDUHB



# Results so far

	Jan to march 2022	Jan to march 2023
Maternity Referrals	48	141
Those who accepted support	19 (39.6%)	78 (55.3%)

	% of those referred who became treated (more than one session)	Treated who quit at 4 weeks
Wales as a whole (excluding HDUHB)	6%	40.8%
HDUHB	30.6%	43.7%



Thank you for listening

Any questions?