Talking about Smoking in Pregnancy

A Guide for Professionals who work with Pregnant Teenagers

Tommy’s [Let’s talk baby]
Background

Smoking during pregnancy is a major cause of poor pregnancy outcomes including low birth weight, pre-term birth, and perinatal death. Women who smoke during pregnancy are more likely to be younger, single, of lower educational achievement and in routine and manual occupations. 45 percent of pregnant women who smoke are under the age of 20, compared to just nineteen percent who are over the age of 30. The proportion of women under 20 who smoked increased by six percent between 2000 and 2005 and the Government has set targets to reverse this trend. Smoking is strongly linked to poverty, with women from lower socio-economic groups most likely to continue smoking during pregnancy. Smokers who use Stop Smoking Services are up to four times more likely to succeed, but most pregnant smokers do not take advantage of this free, confidential and professional support.

Many barriers prevent young smokers from engaging with the Stop Smoking Services, including ignorance, negative preconceptions about the services and fears about quitting. It is vital that health professionals understand these barriers and find ways of overcoming them.

This resource includes strategies for effective communication and problem solving when talking about smoking in pregnancy and provides key insights into the barriers experienced by young pregnant women that stop them from engaging with stop smoking services.
SECTION 1

Introduction

Across England and Wales, 41,325 women under eighteen became pregnant in 2008. Of these young women 21,076 or 51 percent continued with their pregnancy. Teenage pregnancy is often both a cause and a consequence of social exclusion. Risk factors include poverty, having been in care, poor educational attainment and mental health problems. Pregnant teenagers and young mothers often live on low incomes and in poor housing. The prevalence of teenage pregnancy is overwhelmingly concentrated in deprived areas, as are the proportion of conceptions leading to birth rather than abortion, particularly in the Northern regions.

Rates of infant mortality for babies born to mothers aged under 20 are around 60 percent higher than rates for children born to mothers aged 20-39. There is also a 25 percent greater likelihood of prematurity/low birthweight among teenage mothers compared with older mothers. Research has shown that the age of the mother alone contributes to these poor outcomes. However, high rates of smoking during pregnancy, late antenatal booking, poor nutrition, and low rates of breastfeeding also contribute to the poor health outcomes experienced by children born to teenage mothers.

Teenage mothers are more likely than older mothers to smoke before they are pregnant and less likely to stop during their pregnancy. The Infant Feeding Survey in 2005 reported that 68 percent of women 20 or under smoked before or during their pregnancy, with 45 percent smoking throughout their pregnancy. This is five times the rate among women aged 35 and over (45 percent compared to 9 percent). In addition, only 34 percent of mothers under 20 quit smoking during pregnancy compared to 58 percent of mothers aged between 30 and 34.

Research has shown that the age of the mother alone contributes to these poor outcomes. However, high rates of smoking during pregnancy, late antenatal booking, poor nutrition, and low rates of breastfeeding also contribute to the poor health outcomes experienced by children born to teenage mothers.

It is clear that, despite the risks, many young women continue to smoke during pregnancy. It is important that we promote appropriate evidence-based stop smoking services with these women and continue to encourage them to become smokefree.
Impacts of cigarette smoke in pregnancy

What is the Evidence of Harm?

Infant mortality has been steadily declining throughout the last century. However, infant mortality rates are 16 percent higher for the routine and manual group than the population as a whole and they are higher for some other disadvantaged groups.

Infant mortality rates in England and Wales relative and absolute differences comparing ‘routine and manual’ groups with the whole population - 1992 to 2006

Research has shown that smoking in pregnancy accounts for:

- 5 to 8 percent of premature births
- 13 to 19 percent of cases of low birth weight in babies carried to full term
- 5 to 7 percent of preterm-related deaths
- 23 to 34 percent of deaths caused by sudden infant death syndrome

Smoking and the risk of placental complications

- **Ectopic pregnancy:** Smokers have an increased risk of ectopic pregnancy. Studies have indicated that women who smoke are 1.5 to 2.5 times at risk of an ectopic pregnancy. The risk is even sizeable where comparatively few cigarettes are smoked. One study reported a sixty percent risk amongst women who smoked as few as nine cigarettes a day or less leads to an increased risk.

- **Perinatal death:** The British Medical Association reports that a third of all perinatal deaths are caused by smoking. This is equivalent to approximately 1,900 deaths per year in England and Wales and again, as with spontaneous abortion, the risk increases with the number of cigarettes smoked.

- **Low birth weight:** Smoking during pregnancy is also a major risk factor for low birth weight. Babies born to smokers are on average 200 grams (8 oz) lighter than babies born to non-smoking mothers. One study found that approximately 30 percent of growth-restricted neonates could be independently associated with maternal smoking. It is believed that the reason for this is that cigarettes can impede the flow of blood in the placenta which in turn restricts the amount of nutrients that reach the fetus.

Smoking and the risk of placental complications

Effects of smoking on fetal health

- **Miscarriage:** The Royal College of Physicians has estimated that smoking during pregnancy increases a woman’s risk of spontaneous abortion (miscarriage) by 25 percent and that between 3,000 and 5,000 miscarriages a year are attributed to maternal smoking. Furthermore, there is a close dose specific relationship between the number of cigarettes smoked and miscarriage risk. Even smoking as few as nine cigarettes a day or less leads to an increased risk.

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- **Premature birth:** A systematic review of 20 studies (including 65,910 pregnancies) showed that maternal smoking increased the risk of premature birth by 27 percent.

Smoking and the risk of placental complications

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- **Placenta-associated syndrome (PAS):** There is an increased risk of premature detachment of the placenta and premature rupture of the membranes. Maternal smoking in pregnancy is a risk factor for the development of PAS.
• **Pre-eclampsia:** A recent study found that while smokers have a reduced risk of pre-eclampsia compared to mothers who do not smoke, if smokers do develop pre-eclampsia there is an increased risk of complications.  

• **Pelvic pain:** Pelvic pain during pregnancy with a dose-response pattern between reported smoking intensity and pelvic pain.  

**Pregnancy and exposure to passive smoking**

• Babies born to non-smoking women whose partners smoked weighed less than babies born to non-smoking couples. A review of the evidence concluded that on average, infants born to women exposed to secondhand smoke during pregnancy are 40 to 50g lighter than those born to women who are not exposed.  

**Effects on child health**  

• **Respiratory:** Infants and children of parents who smoke are twice as likely to suffer from a serious respiratory infection than the children of non-smokers. Smoking during pregnancy increases the risk of asthma in young children.  

• **Colic:** Smoking in pregnancy is associated with an increased risk of infantile colic.  

• **Congenital defects:** There is an increased risk of congenital defects in the offspring of smokers, including an increased risk of oral clefts.  

• **Behaviour and disabilities:** Maternal smoking during pregnancy is linked to high fetal testosterone which leads to an increased risk for autism, ADHD, conduct disorder and antisocial behaviour. There have been numerous studies which explore the link between maternal smoking and ADHD.  

• A longitudinal study using data from the 1970 birth cohort study in the UK found that smoking during pregnancy and in early childhood were strong predictors of conduct problems, anti-social behaviour and crime later in life. This finding is supported by other studies exploring the relationship between maternal smoking during pregnancy and behaviour problems in childhood.  

• Maternal smoking has been associated with an increased risk of learning difficulties.  

ALSO  

• **Breastfeeding:** Mothers who smoke are less likely to start breastfeeding their babies and tend to breastfeed for a shorter time. Milk output is reduced and composition can also be affected. The more cigarettes smoked, the sooner the baby is likely to be weaned. These associations remain after adjustment for social class. These changes in breastfeeding habit can also have a negative impact on infant and child health.  

Why does smoking in pregnancy do so much harm?  

• Many of the 4,000 chemicals and carbon monoxide found in cigarette smoke cross the placenta and have a toxic effect on the fetus.  

• Smoking has an adverse affect on the functioning of the fallopian tubes.  

• Carbon monoxide binds to haemoglobin, making less oxygen available to mother and fetus and increasing the risk of fetal hypoxia, which can cause birth defects.  

• Exposure to tobacco smoke can disrupt the formation of new blood vessels, including the development of the neurological system which regulates the heart and the circulation.  

• Nicotine induces vasoconstriction which may affect the function of the placenta, restricting blood flow and reducing the supply of nutrients and oxygen to the fetus.  

• Nicotine and its derivatives easily reach the cerebrospinal fluid in the fetus, causing damage to the ependymal (the lining providing a protective barrier and filtration system separating brain parenchyma from cerebrospinal fluid). It is believed that this could be a cause of spontaneous abortion.  

Is there any good news? YES!  

Pregnant women who quit smoking before the 15th week of pregnancy reduce their risk of premature birth and having a small baby to that of a non-smoker. However, giving up at any time during pregnancy is beneficial.  

![Effect of stopping smoking during pregnancy on the risk of low birth weight](image-url)
What did young pregnant women tell Tommy’s?

To support a pregnant teenager effectively, it is important to understand the obstacles that she may face to stopping smoking and to engage with Stop Smoking Services.

Tommy’s worked with young women who were pregnant and who had given birth in the past 12 months to explore what they knew about:

• The impacts of smoking on the unborn child
• The types of support and services available to help them quit

Their attitudes and beliefs about:

• Smoking during pregnancy
• Quitting during pregnancy
• Stop Smoking Services and helplines
• Nicotine Replacement Therapy (NRT)

Most of the young women knew that smoking in pregnancy was bad for the health of their unborn baby. However the majority did not know why and were not aware of the associated consequences of having a premature or low birth weight baby.

The vast majority also knew that there were Stop Smoking Services available and how they could access this support. However, these services were overwhelmingly underused due to negative preconceptions and perceived barriers that stop many young pregnant women from quitting smoking or engaging with Stop Smoking Services.

Engaging with Stop Smoking services and helplines

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<td>• Many did not feel that the services were relevant to them so did not engage with them</td>
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<td>• Some believed staff would be bossy, judgemental or unsympathetic</td>
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<td>• Some likened the services to those for drug addicts or alcoholics</td>
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<tr>
<td>• Most did not believe that support services (talking to an advisor) could help them with an addiction to nicotine</td>
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Most (93 percent) midwives believed that the local Stop Smoking Service provided their clients with the best chance of successfully quitting but only 26 percent said they would refer all clients who smoked.

Attitudes and beliefs:

• Many believed that if they started smoking on their own that they should be able to quit on their own
• Inhalators were thought to be ineffective and look ‘stupid’
• All were aware of the stigma surrounding pregnant smokers
• They viewed women who smoked during pregnancy as selfish and weak
• None wanted to be seen as someone who smoked during pregnancy
• Some believed that NRT could harm the unborn child

Why do pregnant young women continue to smoke?

They do not want to smoke because of the risks to their baby and their own health. However, they do not want to quit because it is an intrinsic part of their lives and their peer norm.

Many (64 percent) of the midwives felt that the information available was not relevant to the lives of their young clients.

• It helps relieve stress at a time when they are told not to get too stressed
• It helps them feel part of the crowd at a time when they feel increasingly cut off from friends
• They are already relinquishing their freedom, facing responsibilities of motherhood, watching what they eat, avoiding getting drunk; they see smoking as something they would like to keep
• Where there is a lack of available activities to engage in, smoking helps to pass the time

What did those that tried to quit say?

• They had support from partners, family or friends
• Some had a positive role model, often a mum, who had quit smoking
SECTION 2

Guidelines

What does NICE Say?

In June 2010 the National Institute for Health and Clinical Excellence (NICE) published the guidance, ‘How to Stop Smoking in Pregnancy and Following Childbirth.’

Its first recommendation is an action for midwives to identify pregnant women who smoke and refer all of them to NHS Stop Smoking Services. Midwives are encouraged to use a carbon monoxide (CO) breath test on all pregnant women.

CO monitors can be obtained from the PCT, Stop Smoking Services or Acute Trust. There are two types of monitors available: one which monitors only CO levels in the woman’s bloodstream, and one which will also give readings for how much CO is being delivered to the fetus.

Although both will tell a healthcare provider if a woman is continuing to smoke, the monitor which yields the exposure levels of the fetus is a valuable tool for promoting quitting.

The second recommendation states that all those responsible for providing health and support for the target group of women should:

- Use any opportunity to ask women if they smoke, and if they do
  - Explain how local Stop Smoking Services can help
  - Offer and make a referral
  - Provide the NHS Pregnancy Smoking Helpline number and local telephone number if available

Always test CO before asking a client about their smoking.

You could begin your conversation with:

“One of the routine antenatal checks we do is to test the level of carbon monoxide in your bloodstream. It’s a simple breath test which only takes a couple of minutes to do and we’ll give you the results immediately. Carbon monoxide is dangerous in pregnancy because it increases the risk of miscarriage and slows the baby’s growth and development.”

If the CO breath test shows a reading of over 7 ppm ask the pregnant woman if she or anyone else around her smokes? Explain that exposure to tobacco smoke is the most common cause of carbon monoxide being found during the breath test.

The third and fourth recommendations give guidance for NHS Stop Smoking Services, stating that they should telephone all women who have been referred to help, attempting to see in person all those who could not be contacted by phone, and advise the maternity booking midwife of the outcome.

Once women have been reached by the service, individual barriers to quitting should be addressed, ongoing support should be given to encourage quitting, and a CO breath test should be used to confirm that a woman has quit.

This is a brief overview of the guidance, the full document can be found at http://guidance.nice.org.uk/PH26

Referral Pathway

Referral Pathway from Maternity Services to NHS Stop Smoking Services

NICE Guidance, How to Stop Smoking in Pregnancy and Following Childbirth, 2010
SECTION 3

Talking to pregnant teens about quitting smoking

Talking to a young pregnant woman about stopping smoking is most likely to be successful if the advice is:

- **Personal** – to the teenager herself, tailored to her concerns and her abilities
- **Relevant** – to her age, culture and her lifestyle
- **Realistic** – not overly ambitious and fully understanding any obstacles she may face to stopping smoking
- **Practical** – helping her to find ways around those obstacles to give her the best chance of success
- **Grounded** – in a relationship of trust and respect

**Strategies for effective communication**

**Listen carefully:** The foundation of giving realistic and personal advice is to listen to the young woman and what she thinks is important. Does she have any issues that she feels prevent her from quitting smoking?

**Give positive feedback:** Emphasise the positive. Find something to praise in the young woman’s current way of managing in difficult circumstances. Many young women who become pregnant do not have much experience of success and praise, and may lack the self-confidence to take control of choices such as having a smoke free home (if living with a parent for example). Positive feedback can help to develop self-belief.

**Focus your information on a few key points:** Young women often feel bombarded by a long list of ‘do’s’ and ‘don’ts’ when they are pregnant. Focus on just a few key points that will be easier to remember. The key points should be simple and specific. They should relate to what you have learned about the young woman’s current smoking habits.

**Help the young woman in a problem-solving approach:** There may be specific obstacles to the young woman achieving her goals. Listen to the difficulties she perceives. Think of your role as a guide, empowering the young woman’s own problem solving. She is more likely to stick to a small, achievable solution that is her own, than a larger one which is yours. Brainstorm with her if she can’t think of any solutions.

**Defuse anxiety by reassuring the young woman that many people face similar difficulties and sharing what has worked for others (i.e. speaking to the stop smoking advisor).**

**Use leaflets wisely:** Don’t overload the young woman with leaflets and remember that many young women who become pregnant have below-average literacy skills.

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‘The young woman’s guide to pregnancy’, published by Tommy’s, is a comprehensive, free resource designed specifically for pregnant teenagers that covers all aspects of pregnancy, including smoking.

To order, go to www.tommys.org/shop.

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Problem solving with a pregnant teenager

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<td>I need to smoke, I'm stressed and it helps calm me down and relaxes me.</td>
<td>Explain that feelings of stress or anxiety are also part of nicotine withdrawal and that smoking calms her down because she is giving her body the nicotine it is craving. Explain that smoking only calms you for a very short period. Every puff reduces the amount of oxygen available to your baby. This causes the baby’s heart to beat faster and increases stress. Ask about the reasons she is stressed and discuss how the team supporting her through the pregnancy may be able to help. Ask her to take her pulse before and after having a cigarette. Cigarettes are a stimulant and so a smokers pulse increases after smoking. This demonstrates to smokers that cigarettes do not have a calming effect.</td>
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<td>I’ve tried to stop before but it’s too hard</td>
<td>Congratulate her on having tried and reaffirm the reasons why it is very important to quit now she is pregnant. Ask why she tried to quit. Acknowledge that quitting smoking is not easy. Ask about her experience and what helped or hindered her. Offer your support and support from the local Stop Smoking Services. Let her know that they have helped lots of pregnant women to quit and will be able to answer questions, give good tips and be a support.</td>
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<tr>
<td>I’ve cut down on how much I smoke now I am pregnant.</td>
<td>Congratulate her for recognising that smoking is dangerous for her and her baby and for doing something about it. Ask how she has managed to cut down and if she has had any support. Reaffirm the benefits and importance of quitting and remind her there is no safe level of smoking and often when people cut down they inhale more deeply and take more puffs. Offer yours and the local Stop Smoking Service support to help her to move towards quitting smoking. Let her know that she is far more likely to be able to quit with their support.</td>
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<td>It will be easier to have a small baby</td>
<td>Explain the immediate reality of having an underdeveloped baby. Having an underdeveloped baby could mean having to leave the baby in hospital and possibly in intensive care and the baby needing help to breathe and controlling its body temperature. The baby may be smaller and premature because smoking restricts the baby’s healthy growth and development – it is small because smoking has stopped the baby getting the goodness it needs to grow properly and is more at risk of health problems not only after birth but in childhood and adult life.</td>
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<td>Smoking helps to keep me from gaining too much weight while I’m pregnant.</td>
<td>Agree that keeping a healthy pregnancy weight is important, however the key to managing weight is to eat a healthy diet rather than smoking. Talk about Healthy Start vouchers which are given automatically to pregnant mothers under 18 and how to get them. To find out more about Healthy Start go to <a href="http://www.healthystart.nhs.uk">www.healthystart.nhs.uk</a></td>
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<td>I’ll smoke outside when I get home with the baby</td>
<td>Congratulate her on making this decision. Ask why she has decided that not smoking near the baby is important. Reaffirm the dangers of passive smoking on children and explain how smoking during pregnancy also harms the baby.</td>
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<td>I’ve already smoked for half of my pregnancy, giving up now won’t make a difference.</td>
<td>Say that smoking is harmful throughout pregnancy so stopping at any time while you are pregnant will be good for the baby and you.</td>
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<td>I can’t do this on my own.</td>
<td>Let her know that you do understand that quitting smoking is not easy. Offer your support and that of the local Stop Smoking Service. Ask her to think about friends or family that she could ask for help to get her through the tough times.</td>
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<td>I wouldn’t use NRT because nicotine is still going to my baby.</td>
<td>Explain that it is her choice whether or not to use NRT but if cravings become too strong it is better to use NRT than to go back to smoking. Explain to her that NRT does not contain the tar, carbon monoxide, and 4,000 other chemicals which cause the damage. NRT patches offer small doses of nicotine to help smokers deal with cravings. Suggest that she talks to a stop smoking advisor who can help her develop a quit plan with or without NRT.</td>
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<td>I’m trying to quit but sometimes I still give in and have a cigarette.</td>
<td>If this happens tell her not to punish herself – it’s just a lapse. Help her to try and understand why it happened and how she can avoid this situation in the future. Help her to plan for how she is going to manage situations where she is tempted in the future.</td>
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<td>All my friends smoke, I’ll be the odd one out.</td>
<td>Acknowledge it is not easy. Suggest she explains to a friend why it is so important not to smoke and ask for their support. Ask her to think if she has one friend, or family member, who has quit smoking and would be prepared to give her support. Tell her to be prepared for difficult and tempting situations and help her think how she is going to deal with them.</td>
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www.tommys.org
SECTION 4

Ten helpful tips

Professionals working with young pregnant women need an understanding of all the issues impacting on their lives and how to address them. It is particularly important to understand the role that cigarettes play in their daily lives.

If available, refer clients to services that are flexible and have drop-in hours as well as referring to local Stop Smoking Services.

It is important to harness their strong desire to do the best for their baby.

Provide examples of young women who have quit using the support services.

It is important to engage young fathers whenever possible.

Focus on solutions to giving up, not just the risks to their unborn child. Solutions might include how to deal with cravings, how to cope with mood swings, and anxieties about weight gain.53

Be consistent! Promote and refer all pregnant smokers to local Stop Smoking Services.54

It is important to engage with other smokers living in the household. Smokers living in a smokefree household are more likely to make a quit attempt.55 56

Give all pregnant smokers the NHS Pregnancy Smoking Helpline number (0800 169 9 169) and the website address (http://smokefree.nhs.uk/smoking-and-pregnancy).

The most important tip is to consistently promote NHS Stop Smoking Services, even if you do not have time to follow all of the recommendations in this Guide. They will be able to help provide the young woman with the support she needs to quit.

What do I need to know?

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<td><a href="http://www.gasp.org.uk">www.gasp.org.uk</a></td>
<td>A UK organisation that provides a wide range of stop smoking resources including posters, leaflets and publications.</td>
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Talking about smoking in pregnancy

This guide is for health professionals who work with pregnant teenagers and contains useful tips and strategies to encourage pregnant teenagers to quit smoking and engage with Stop Smoking Services. Inside you will also find essential insights into the knowledge, attitudes and beliefs of pregnant teenagers that act as barriers to quitting smoking and engaging with Stop Smoking Services.

www.tommys.org/smokingandpregnancy

About Tommy’s

Tommy’s aims to give every baby the best chance of being born healthy.

We do this through funding medical research into the causes of premature birth, stillbirth and miscarriage; and by providing a free information service that educates all parents-to-be about health in pregnancy.

Our information service includes a dedicated telephone midwife service, free leaflets and free books dedicated to promoting health in pregnancy. By providing this information we hope to ensure that every pregnancy has the best possible chance of a healthy outcome and a healthy baby.

Every parent-to-be hopes their baby will be born healthy but every year in the UK one in four pregnancies will end in miscarriage and more than 3,500 babies will be stillborn. Our goal is to halve this number by 2030.

Did you know that Tommy’s provides a range of free pregnancy information for health professionals and pregnant women and their families?

To find out what’s available visit www.tommys.org/shop

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