

Health Scrutiny Panel

25 February 2016

Report title	Smoking and alcohol in pregnancy	
Cabinet member with lead responsibility	Councillor Sandra Samuels	
Wards affected	All	
Accountable director	Linda Sanders, People	
Originating service	Public Health	
Accountable employee(s)	Ros Jervis Tel Email	Service Director Public Health & Wellbeing 01902 550148 Ros.jervis@wolverhampton.gov.uk
Report to be/has been considered by	Public Health Senior Management Team Peoples Leadership Team	

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Receive an update on smoking and alcohol in pregnancy.

1.0 Purpose

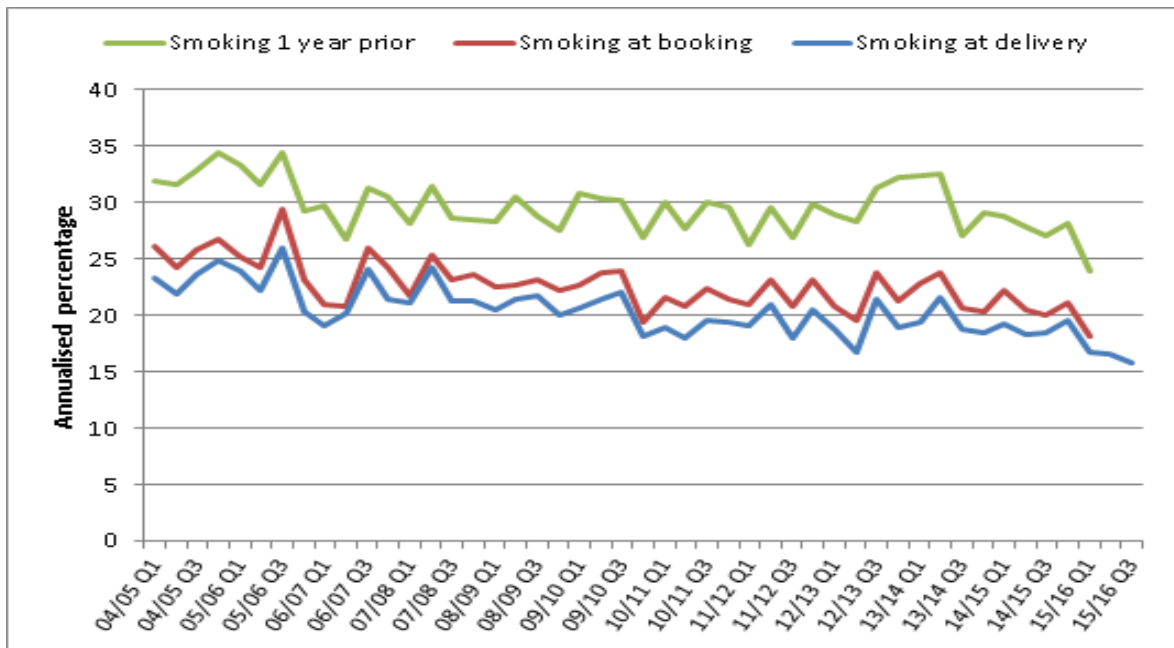
1.1 This report provides an update on the implications of smoking and drinking during pregnancy and the progress and continuing efforts being made to support women in behaviour change.

2.0 Background

2.1 Smoking is the single biggest modifiable risk factor for poor birth outcomes including miscarriage, stillbirth, premature birth, low birth weight and sudden infant death and is linked to high rates of infant mortality.

2.2 The target set by the Government was to reduce smoking in pregnancy to 11% or less by the end of 2015 was missed in Wolverhampton as shown in Fig. 1. Wolverhampton continues to have one of the highest smoking at time of delivery rates in England. In 2014/15 this rate was 18.8%, however, for the first 3 quarters of 2015/16 the rate has come down to an average of 16.4% with provisional data for quarter 3 being 15.8%.

Fig 1. Smoking in pregnancy rates 2004 - 2016



2.3 Drinking alcohol during pregnancy also has a wide range of impacts. These include an increased risk of miscarriage; low birth weight, preterm birth, and being small for gestational age and can occur in mothers drinking above 1-2 units/day during pregnancy.

2.4 In addition there are a range of lifelong conditions, known under the umbrella term of Foetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. The most serious is Foetal Alcohol Syndrome (FAS) where children have:

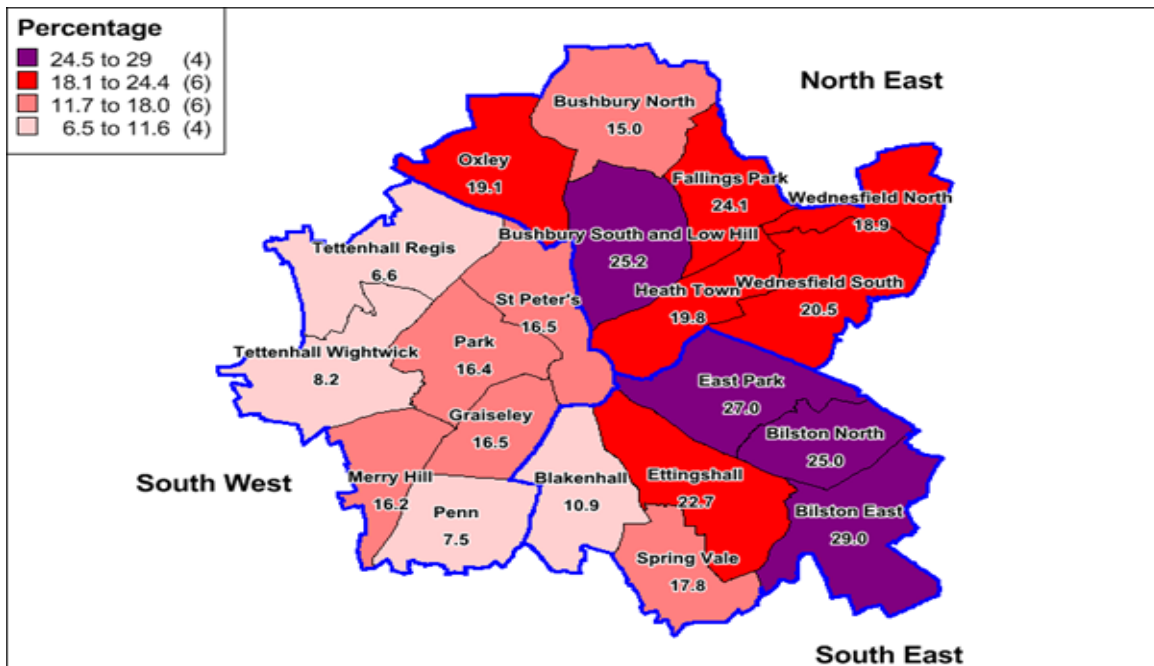
- restricted growth

- facial abnormalities
- learning and behavioural disorders, which may be lifelong

2.5 In January 2016 the guidelines for pregnant women was updated to clarify that no level of alcohol is safe to drink in pregnancy. The previous advice for pregnant women to limit themselves to no more than 1 to 2 units of alcohol once or twice per week has been removed.

3.0 Progress on addressing smoking and drinking in pregnancy

3.1 There is variation in the rates of smoking across the City which as demonstrated in Fig. 2. Smoking at delivery by ward 2010-2014



- 3.2 Some of the reduction in smoking at time of delivery to 16.4% can be attributed to a number of interventions which have been put into place following a social marketing campaign and the developments outlined in the infant mortality action plan.
- 3.3 All Midwives have been issued with carbon monoxide monitors to ensure monitoring is routinely carried out at every contact. This has been supported by training to ensure their knowledge on the dangers of smoking and the referral process to stop smoking services is up to date.
- 3.4 Anecdotal reports from clinicians however, suggest that the decline may be related to the use of e-cigarettes. Despite the emerging body of evidence on the use of e-cigarettes there is no evidence yet to suggest how safe they are during pregnancy.
- 3.5 The number of pregnant women accessing stop smoking services in Wolverhampton has fallen despite the opt out referral pathway which is in place between midwifery and a Positive Pregnancy and Beyond Service, who provide stop smoking support.

- 3.4 Public Health recently secured some funding through Arts Connect. This is currently supporting Arts based projects targeting our wards with higher smoking in pregnancy rates. The aims of the project are to find out what the reasons are behind the low uptake. The project will develop resources to offer pregnant women a self-help tool to quit smoking during pregnancy, with the hope they may re-enter the service during or after their pregnancy.
- 3.5 Children are particularly vulnerable to the effects of second-hand smoke exposure, which has been linked to an increased risk of a range of illnesses including lower respiratory tract infections, asthma, wheezing, middle ear infections, sudden unexpected death in infancy and invasive meningococcal disease.
- 3.6 The dangers extend beyond the home and include cars. The inclusion of smoking in private vehicles in the smokefree legislation and is a step forward to helping protect children from second-hand smoke.
- 3.7 In Wolverhampton smoke-free homes is promoted primarily through work with Health Visitors and Children's Centres. Health Visitors have been provided with carbon monoxide monitors to raise awareness of the dangers of smoking in the presence of children. The Arts Connect project aims are to extend further than pregnancy into early childhood to ensure babies and children are protected.
- 3.8 Unfortunately less is known about the true picture of alcohol consumption. Key findings from the last Infant Feeding Survey show that, of the women who drank before pregnancy; 48% gave up while they were pregnant, 47% said they cut down on the amount drank while 2% reported no change/drank more to their drinking patterns. The most recent data we have locally is shown below in Table 1.

Table 1 - Reported weekly drinking levels					
Period	Occasional	1-5	6-9	10-14	>20
2014 Q1	14	0	0	2	0
2014 Q2	16	0	0	3	0
2014 Q3	5	1	0	0	0
2014 Q4	10	3	1	0	0
2015 Q1	10	0	0	1	0
2015 Q2	12	0	2	0	0
2015 Q3	5	3	0	0	0
2015 Q4	8	4	0	0	1

- 3.9 Public Health currently contracts with maternity and substance misuse services to deliver targeted interventions to pregnant women who are on treatment programmes for drug or alcohol abuse. The midwives involved in the delivery of this contract are supporting the more chaotic clients but they act as a resource for midwives who are advising all women on the risks of alcohol during pregnancy.

4.0 Moving Forwards

- 4.1 We do need to understand better the implications on use of e-cigarettes in pregnancy and what the true picture of alcohol consumption is and if these women are from our more deprived wards. In order to do this Public Health have recently appointed a tobacco control manager to lead on these new developments and link into the recently developed Substance Misuse Alliance working with partners across the City including Regulatory Services to tackle illicit tobacco and alcohol.

5.0 Financial implications

- 5.1 There are no direct financial implications as a result of this report. Any future actions arising from the work with pregnant women will be funded from existing budgets. The £15,000 costs of non-recurring match funded work through Arts Connect has also been met from existing Public Health budgets in 2015/16.
[GS/05022016/M]

6.0 Legal implications

- 6.1 There are no legal implications associated at this stage with this report. RB/04022016/P

7.0 Equalities implications

- 7.1 The rates of smoking in pregnancy are shown to be higher in our more deprived wards; the impacts are more adverse on these women and their families. The financial impact is greater for low income families that spend proportionally more of their disposable income on cigarettes or more worryingly they are purchasing on more dangerous but cheaper illicit and counterfeit cigarettes. By addressing these issues as described in this report, this will in itself contribute to reducing the health inequalities that exist across our City.

However, on discussion with the Equalities team as it was identified that this report is not a new policy, service or function or a revision thereof, it does not require an equalities impact analysis. [RB/14022016/K](#)

8.0 Environmental implications

- 8.1 There are no environmental implications arising from this report

9.0 Human resources implications

- 9.1 There are no Human resource implications arising from this report

10.0 Corporate landlord implications

- 10.1 There are no corporate landlord implications arising from this report.

11.0 Schedule of background papers

11.1 Infant Mortality Action Plan