



Oldham
Council

Report to Adult Social Care and Health Scrutiny Board

Smoking in Pregnancy

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

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Purpose of the Report

This report provides an overview of the progress that has been made to reduce the smoking in pregnancy rates in Oldham to ensure that more babies are born smokefree and how this contributes to reducing infant mortality and the number of premature births, as well as reducing wider tobacco-related harm and mortality.

Recommendations

Adult Social Care and Health Scrutiny Board is asked to consider Oldham's approach to reducing smoking in pregnancy rates and enabling more babies to be born and raised in smoke free homes.

Smoking in Pregnancy

1 Context

- 1.1 The UK has made considerable progress in reducing the harms related to tobacco. Smoking rates have fallen, both nationally and locally, over the last few decades but smoking remains the single greatest cause of preventable death, disability, ill-health and social inequality for local people.
- 1.2 Smoking is the single most entirely preventable cause of ill health, disability, and death in the UK. It is also the biggest cause of health inequalities. Smoking reduces the quality of a person's life and leads to an early death. Smoking is a modifiable risk factor, with strong connections to wider socio-economic determinants of health, that affects three of the major killers in Oldham, which are circulatory disease, cancer, and respiratory disease. Smoking harms almost every organ in the body. It is the biggest contributor to death and illness. On average a person that smokes loses 10 years of their life. Four in five cancers are caused by tobacco use, and 90% of lung cancer is directly attributable to smoking. Up to two out of three lifelong smokers will die from smoking and smoking accounts for 1 in 6 deaths in England, with huge inequalities existing across areas and populations. In Oldham, 600 deaths and over 3,700 hospital admissions each year are attributable to smoking. The risk of dying from smoking increases with the amount of tobacco smoked and the number of years smoked. On average, for every smoker who dies another thirty are suffering serious smoking-related diseases. Smokers see their GP over a third more often than non-smokers. Quitting smoking at any age can improve health and life expectancy.
- 1.3 Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies.
- 1.4 Smoking during pregnancy can lead to preventable death and ill health. Smoking when pregnant not only harms the smoker but also harms the unborn baby. Smoking whilst pregnant exposes the unborn baby to over 4000 dangerous chemicals that are contained within cigarettes and restricts the essential oxygen supply to the baby, which means their heart must beat harder every time the pregnant person smokes. Carbon monoxide in tobacco smoke reduces the amount of oxygen getting to the placenta and baby which can lead to women going into labour early as well as increasing the chance of miscarriage, doubling the chances of stillbirth, and increasing the risk of sudden infant death threefold. Babies of smokers are, on average, lighter than other babies, which can cause problems during and after labour. For example, they are more likely to have problems keeping warm and are more likely to get infections. Babies whose parents smoke are more likely to be admitted to hospital for bronchitis and pneumonia during their first year. The sooner a pregnant person stops smoking, the better, but even stopping in the last few weeks of pregnancy will benefit the parent and their baby.
- 1.5 Secondhand smoke (also known as passive smoking) also carries serious health risks for babies and children living in smoking households. There is no safe level of exposure to secondhand smoke and children and babies are particularly at risk. Children who live in a home where a parent or caregiver smokes are more likely to develop a range of illnesses including asthma, ear infections, meningitis and other serious illnesses that may need hospital treatment. To protect children from these harms a home must be fully smokefree. Keeping a home smokefree can also help to prevent smoking related fires in the home. In Greater Manchester, over 40% of accidental fire deaths are caused by smoking materials.
- 1.6 Tackling smoking is one of the most evidence-based and effective interventions that we can take to prevent ill health. Reducing smoking prevalence would have a significant

impact on improving population health, reducing demand on health and social care services, and tackling health inequalities. However, smoking is an addiction most smokers were trapped into as children and young people. Two thirds of those who try smoking go on to become regular smokers, only a third of whom succeed in quitting during their lifetime. Most smokers want to quit and many more regret ever having started. Therefore, whole system action is needed to support those who want to quit and prevent people from starting smoking in the first place.

- 1.7 Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco. A coordinated and comprehensive approach to tobacco control across Oldham will make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke. Supporting pregnant women and their partners, via a smokefree pregnancy pathway which includes focused sessions and treatments, is an evidence-based approach to help deliver a smokefree generation and to give babies and children the best start in life.

2 Current Position

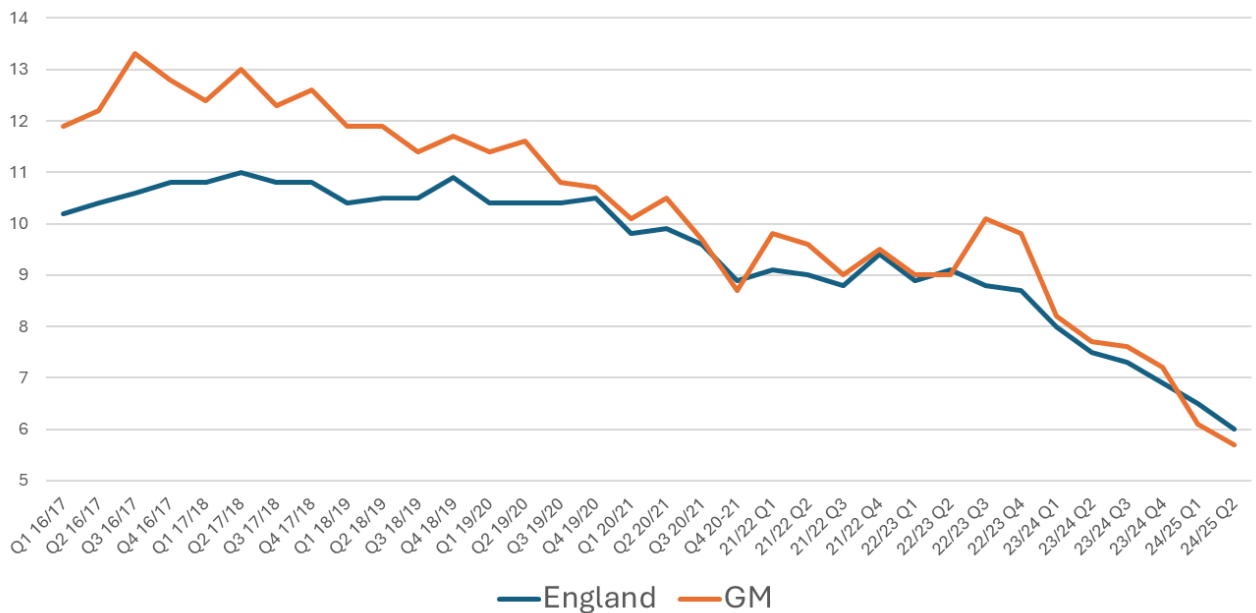
National Position

- 2.1 Reducing smoking during pregnancy was one of the three national ambitions in the [Tobacco Control Plan](#) published back in July 2017. A new [Tobacco and Vapes Bill](#) was introduced in 2024 and it is anticipated that new strategies around reducing smoking in pregnancy are being developed under the new government.
- 2.2 The NHS Long Term Plan includes the commitment to roll out a Smokefree Pregnancy programme which includes bespoke, specialist advice, nicotine replacement therapy and a more intensive face-to-face follow up regime for pregnant women, including a incentive scheme and support for partners. This model has been developed using published international evidence and learning from Greater Manchester's Smoking in Pregnancy Programme.
- 2.3 The NHS Long Term Plan set out an ambition to move responsibility for stop smoking support for pregnant women into maternity services (rather than as part of local authority commissioned Stop Smoking Services) by the end of March 2024. This is based on evidence of effectiveness for treating tobacco dependence in pregnancy as part of routine maternity care. As of March 2024, NHS England were reporting that 94% of maternity trusts in England are delivering tobacco dependence treatment.
- 2.4 DHSC launched recruitment for a national smoke-free pregnancy incentive scheme in September 2024. This will enable all pregnant smokers within participating trusts to benefit from up to £400 in vouchers if they receive behavioural support to quit smoking and are biochemically shown to be smokefree up to 3 months post-partum. The evidence for this scheme came from a pilot that was successfully delivered in Greater Manchester.
- 2.5 There is a national ambition to achieve Smoking at Time of Delivery (SATOD) rates of 4% by 2030. Nationally, 6.5% of pregnant women were recorded as smoking at time of delivery during quarter 1 of 2024/25. This is the lowest single quarterly SATOD rate since this data began to be recorded in 2006/07. There remains significant geographical variation in SATOD rates. In quarter 1, 2024/25, regional SATOD rates ranged from 3.7% in London to 8.4% in the North East and Yorkshire. However, rates have been falling across the country and the gap between regions is slowly narrowing.

Greater Manchester Position

- 2.6 Greater Manchester (GM) is committed to becoming the first global city region to be smokefree and since 2017 has been delivering its unprecedented and evidence-based Making Smoking History (MSH) strategy through a partnership of city region, local authority borough and community-based programmes. Built on the evidence-based World Health Organisation (WHO) [MPOWER model](#), the programme has delivered system-wide transformation at scale, influenced national policy, including the Khan Review and NHS Long Term Plan, and delivered ongoing reductions to smoking prevalence across GM. The GM MSH GMPOWER Model features seven key components which ensure delivery of a comprehensive and system-wide approach to tobacco control based on improving and increasing quits and preventing relapse and uptake. An updated five-year [Making Smoking History Strategic Delivery Framework and Action Plan](#) was recently published and outlines the actions needed at a national, regional and local level to achieve Smokefree 2030.
- 2.7 Reducing smoking prevalence is integral to GM's approach to tackling inequalities and ensuring fair health for all. Becoming a smokefree city region by 2030 creates a unique opportunity to reduce health inequality, with the Office of National Statistics estimating that healthy life expectancy would increase by just over 6 years for men and 7 years for women if GM becomes smokefree by 2030.
- 2.8 Smoking cessation also contributes to all five of the key clinical areas identified as priorities in NHS England's [Core20plus5](#) approach to reducing health care inequalities:
- CORE20: Smoking accounts for half the difference in life expectancy between richest and poorest.
 - PLUS: Smoking tobacco is linked to >100 conditions.
 - 5:
 - Respiratory disease – >80% of COPD, a leading cause of mortality, caused by smoking,
 - Maternity – women who smoke have 47% increased risk of stillbirth,
 - Mental Health – up to 50% of all deaths in people with Serious Mental Illness (SMI) are attributable to smoking,
 - Cancer – smoking is a leading cause of lung cancer, largest killing cancer in UK,
 - Hypertension – smokers are twice as likely to suffer acute coronary events and twice as likely to die from them.
- 2.9 Greater Manchester's initiatives, including swap to stop, acute inpatient pathways and financial incentives in pregnancy have all been seen as national exemplars and are being implemented across England.
- 2.10 Greater Manchester's Smokefree Pregnancy Programme, which is delivered between NHS Greater Manchester, local authorities, NHS foundation trusts and technology partner, Accenture, has successfully reduced smoking at time of delivery by more than 50% and led to more than 6,000 additional babies being born smokefree, since launching in 2018. The programme offers all pregnant women and birthing people, and their partners, free and personalised stop-smoking support through a specialist maternity stop-smoking service. This includes one-to-one advice and guidance, free nicotine replacement therapy and vapes, regular carbon monoxide screening, and an incentive scheme to stay smokefree. Greater Manchester's approach to supporting pregnant people to quit smoking is having a positive impact and making a huge difference to people's life. Smoking rates in pregnancy are at an all-time low: last year saw the biggest annual fall in smoking in pregnancy rates since records began and Greater Manchester is now below the national average for the first time.

2.11 Q2 24/25 is the first time GM achieved a result below the national ambition of 6% with a drop of over 50% from programme inception from 13% (Q1 17/18) to the lowest ever quarterly result of 5.7% as shown in the graph below.



Oldham Position

2.12 Reducing smoking is one of the key priorities of Oldham’s Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking is identified as a key challenge facing the system in the Oldham Integrated Care Partnership’s Locality Plan and highlighted as one of the 18 core areas we need to improve and transform. Supporting smokefree pregnancies is a key aim in Oldham’s Infant Mortality Plan, which focuses on reducing the number of infant deaths in the area and aims to improve the health of all people in Oldham, including pregnant women and new mothers. It is an ambition of Oldham Tobacco Alliance that all pregnancies will be smoke-free and that babies and children will grow up in smoke-free families and communities.

1.8 Oldham’s smoking prevalence in adults in 2023 was 12% – this is a significant reduction from 2012 when smoking prevalence was at 24.2%. The gap between the local prevalence rate and the England average of 11.6% has significantly closed but the rate remains higher than the trajectory needed to achieve the national and Greater Manchester ambition to be smoke free (which is to reduce overall adult smoking prevalence to less than 5%) by 2030. The proportion of the Oldham population who have never smoked is also smaller than the national average. We know there is in some inconsistency with the methodology used to estimate adult smoking prevalence, which is currently conducted via self-declared telephone survey and does not account for hidden populations, including those experiencing homelessness. We also know that there is considerable variation in smoking prevalence across the borough where rates are considerably higher in some wards, particularly those with high levels of deprivation. As such, caution needs to be exercised when interpreting smoking prevalence data and trends.

2.13 Oldham’s Smoking at time of delivery (SATOD) rates – which measures the number of pregnant people who smoked when their baby was born – has been decreasing and getting better over recent years. In 2023/24, the annual Oldham rate was 8.9% which was still above the national average but considerably lower than it was a decade ago when it was

16.1% (2013/14). This meant that there were 260 fewer babies born to a smoking parent in 2023/24 compared to 2013/24.

- 2.14 The latest Oldham ICB data for Q1 24/25 suggests that this year will see even further reductions as SATOD rates were showing to have reduced further to 6% - this would be an all-time low and would mean that rates in Oldham were below the national average.

Oldham's Smokefree Pregnancy Programme

- 2.15 Oldham's Smokefree Pregnancy Service delivers the GM Smokefree Pregnancy programme locally. Oldham has a Specialist Midwife and two dedicated Maternity Support Workers based at The Royal Oldham Hospital. Nicotine Replacement Therapy (NRT) and vapes to be used as quit aids are now available via direct supply on antenatal clinic and ward, labour ward and postnatal ward and progress is being made to move towards offering NRT via the community team. The Smoking in Pregnancy Team offers training for all midwives/maternity staff, as well as e-learning, so that all maternity staff are clear on the importance of smoking cessation in pregnancy. This also includes training around niche products, such as shisha, to ensure a coordinated approach to tackling tobacco related harm.
- 2.16 Smoking cessation support for partners and significant others is offered via our Community Stop Smoking Service, Your Health Oldham, who also educate residents around the harms of secondhand smoke and support residents to have a smoke free home, which also has benefits in relation to safety by reducing the risk of house fires.
- 2.17 The support available from the Smokefree Pregnancy team is part of a wider system of smoking cessation support, which falls under the 'Offer Stop Smoking Support' section of the Oldham Tobacco Control Action Plan and more details of other support available can be found at: www.oldham.gov.uk/keeping_healthy/stop_smoking
- 2.18 Members from the Smokefree Pregnancy Team in Oldham will attend the meeting to provide an overview of the programme and how the reduction in maternal smoking rates has been achieved.

3 Key Issues for Adult Social Care and Health Scrutiny Board to Discuss

- 3.1 The Board is asked to note the progress that has been made and consider what more can be done to address smoking in pregnancy.

4 Key Questions for Adult Social Care and Health Scrutiny Board to Consider

- 4.1 The Board is asked to consider Oldham's approach to reducing smoking in pregnancy rates and enabling more babies to be born and raised in smoke free homes.

5 Links to Corporate Outcomes

- 5.1 In Oldham, every individual matters and ensuring our residents have access to the care, support and opportunities to lead healthier, happier lives is a key collective mission for us. We recognise the need to pay particular attention to our most disadvantaged residents, who face the greatest barriers to opportunity. Supporting residents to stop smoking before, during and after pregnancy will considerably improve the health and wellbeing of both the smoking parent but also their unborn baby, and any other children and household members. Reducing smoking prevalence is a key component of our prevention approach to reduce the need for services, including health and social care.

6 Consultation

- 6.1 Quarterly Assurance meetings, led by the GM NHS Treating Tobacco Dependency Team, take place between the provider and both LA and GM NHS ICB commissioners of smoking cessation services – this includes consideration of service user engagement and feedback.
- 6.2 The Director of Public Health, in her capacity as statutory officer, and the Cabinet Member for Health and Social Care have been appropriately briefed regarding progress and performance.

7 Appendices

- 7.1 None