

# JSNA Blackpool

## Joint Strategic Needs Assessment



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## Smoking in Pregnancy



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### Introduction

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

The Tobacco Control Plan for England '[Towards a smoke free generation](#)' contained an ambitious goal of reducing smoking amongst pregnant women to 6% by the end of 2022. Smoking in pregnancy varies hugely, from 3.4% in Westminster to 19.4% in Blackpool (2022/23), so further work is required to reach this ambition for all pregnant women, and particular attention must focus on disadvantaged groups and localities where prevalence remains much higher.

The Khan Review, as part of the '[Smokefree 2030 ambition for England](#)' proposes investments of £15 million per year to support pregnant women to quit smoking, with £8 million to ensure regional and local prioritisation of stop smoking interventions through the leadership of integrated care systems.

The inclusion of the smoking at the time of delivery indicator in the Public Health Outcomes Framework will ensure that the local tobacco control activity is appropriately focused on pregnant women, in order to try to achieve this national ambition and also encourage the continued prioritisation of action to reduce smoking at delivery. Decreases in smoking during pregnancy will result in health benefits for the infant and mother, as well as cost savings to the NHS.

### Facts and figures

Statistics on [Women's Smoking Status at Time of Delivery](#) (SATOD) data is published on a quarterly basis by NHS Digital to monitor the prevalence of smoking in pregnancy.

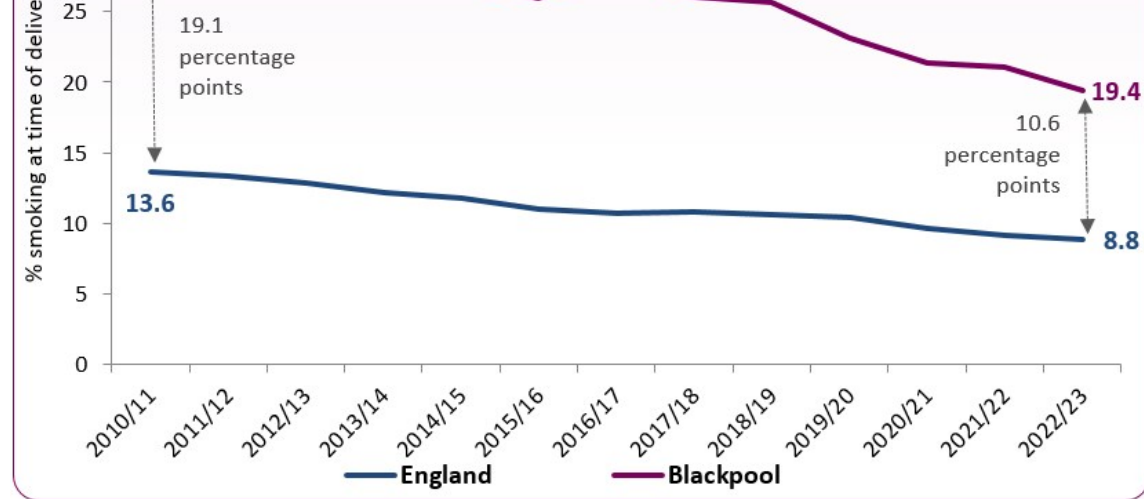
As noted above, in Blackpool, 312 (19.4%) of pregnant women were known to be smokers at the time of delivery in 2022/23. This compares to 8.8% nationally.

The SATOD rate in Blackpool has been the highest in the country since 2010/11 (32.7%), with rates more than double that of England year-on-year to 2022/23. There has been a gradual decline in England overall with the rate dropping from 13.6% in 2010/11 to 8.8% in 2022/23 and the North West region shows a similar trend with the rate falling from 17.8% in 2010/11 to 10.3% in 2022/23.

There has been a substantial decline in Blackpool over the same period, dropping at a faster rate than the national average, but this rate still remains significantly higher than both national and regional averages ([figure 1](#)).

**Figure 1: Trend in percentage of women smoking at the time of delivery, Blackpool and England**





Source: OHID, Public Health Profiles / NHS Digital Statistics on Women's Smoking at Time of Delivery (SATOD)

**Figure 2: Trend in percentage of women smoking at the time of delivery, Blackpool, the North West and England**

		12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
England	%	12.8	12.2	11.7	11.0	10.7	10.8	10.6	10.4	9.6	9.1	8.8
North West	%	16.5	15.5	14.8	13.8	13.4	13.4	12.7*	12.2*	11	10.6	10.3
Blackpool	No.	523	485	521	463	507	454	451	393	343	341	312
	%	31.0	27.6	27.2	26.0	28.1	26.0	25.7	23.1	21.4	21.1	19.4

Source: OHID, Public Health Profiles / NHS Digital Statistics on Women's Smoking at Time of Delivery (SATOD). \*Aggregated from all known lower geography values.

## National and local strategies

NICE guidance [NG209] [Tobacco: preventing uptake, promoting quitting and treating dependence](#) (November 2021) highlights specific recommendations for treating tobacco dependence in pregnant women.

The NHS [Saving Babies' Lives Care Bundle](#) (2023) highlights reducing smoking in pregnancy as the first of five key elements intended to reduce perinatal mortality. The document recommends offering carbon monoxide testing to all pregnant women together with referrals to stop smoking advisers. Blackpool Teaching Hospitals NHS Trust is an early implementer site for maternity care.

Locally, [Tobacco Free Lancashire & South Cumbria](#) is a partnership of organisations from across Lancashire and South Cumbria. The partnership includes colleagues from local authorities, the integrated care partnership, acute trusts, mental health trusts, providers, and other public sector bodies and voluntary and third sector organisations from across Lancashire, Blackpool, Blackburn and South Cumbria.

Partners have collaborated to produce a new strategy (2023-2028) that mirrors the Tobacco Control Plan for England which sets out the ambition to achieve a smokefree generation by:

- preventing children from taking up smoking
- stamping out inequality, for example smoking in pregnancy is higher in more deprived areas
- supporting smokers to quit

The strategy has an overarching framework of achieving a smokefree Lancashire and has prioritised the following areas based on detailed local intelligence in order to reduce health inequalities and improve quality of life by reducing smoking prevalence in the following groups:

- pregnant women
- people with mental health conditions
- people with long-term conditions

## Recommendations

NICE guidance recommendations include:

- Identify pregnant women who smoke and refer them to NHS Stop Smoking Services
- NHS Stop Smoking Service - contact referrals, provide initial and ongoing support
- Use nicotine replacement therapy (NRT) and other pharmacological support
- NHS Stop Smoking Service to meet the needs of disadvantaged women who smoke
- NHS Stop Smoking Service to advise/support partners and others in the household who smoke

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