Advising on smoking cessation in pregnancy

Then

In 2003,[1] we reported that:

There was compelling evidence from a large number of trials that smoking cessation programs can be effective in reducing smoking rates among pregnant women.

There was limited information on practice. One study found that just over 1 in 4 pregnant smokers at 30 weeks gestation received smoking cessation advice. A national survey of local protocols found that 90 per cent did not include written information and advice about smoking cessation. Only 28 per cent of the protocols included smoking on their checklists.

Now

A review of developments from 2004 to 2007 has found that:

There has been no change in the evidence that says smoking cessation advice can make a difference to smoking rates in pregnant women and in health outcomes for the baby. There is an indication of a possible small decrease in rates of smoking during pregnancy. However, these rates remain high.

The lack of data on the provision of smoking cessation advice and counselling for pregnant women who smoke makes it difficult to determine whether this gap is being closed. The inclusion of a national standard data element on smoking during pregnancy should give a clearer picture of the extent of this problem, and will be useful for monitoring the situation into the future.

Government initiatives and funding, general practice guidelines, and improved data collection in this area look promising.

Prevention of relapse after quitting smoking during pregnancy is an area that needs attention, but there is limited information on the best way to do this.

What has changed since Volume 1?

Best available evidence

Cigarette smoking during pregnancy carries increased health risks for both mother and baby. There is a greater risk of low birthweight for the baby, spontaneous abortion, premature birth, stillbirth, sudden infant death syndrome (SIDS), cleft lip and palate, and childhood cancers.[1]

A Cochrane review of interventions for promoting smoking cessation during pregnancy was updated in 2004. It confirms the conclusions of the original review that smoking cessation programs can be effective in reducing smoking rates among pregnant women, in reducing preterm birth and low birthweight, and in increasing mean birthweight. It recommends that smoking cessation programs should be implemented in all maternity care settings as a routine part of antenatal care.[2]

Results from the Australian Longitudinal Study on Women’s Health have reconfirmed that pregnancy is a time when women may be particularly motivated to quit smoking. The study found current pregnancy to be the most powerful predictor for quitting, with pregnant women being 3.8 times more likely to quit smoking than women who were not pregnant. The most powerful predictor for resuming smoking was no longer being pregnant.[3]

There is an increasing recognition of the need to focus on relapse prevention during or following pregnancy,[2,3] but there is currently insufficient evidence on how best to do this.[4]

Current practice

There is still limited information on whether antenatal care providers in Australia are identifying and counselling pregnant women who smoke.

According to the Perinatal Data Collection,[5] rates of maternal smoking during pregnancy in Australia appear to have fallen slightly from 19.2 to 16.7 per cent between 2001 and 2004. Similarly, the rate of smoking during pregnancy and/or breastfeeding in Australia fell from 23 to 20 per cent between 2001 and 2004, according to the National Drug Strategy Household Survey.[6] In 2004, roughly half of pregnant Aboriginal and Torres Strait Islander women reported smoking during pregnancy.[5]

It is currently estimated that around 20 to 30 per cent of women quit smoking when they fall pregnant. However, around 70 per cent of these relapse either while still pregnant or after the baby is born.[7]
Guidelines

In 2004, the first Smoking cessation guidelines for Australian general practice were developed and distributed to all GPs nationally.[8] These guidelines,[9] which include advice, an intervention algorithm, and a list of resources specifically tailored for pregnant and lactating women who smoke, were due to be evaluated in 2007.

Government-funded initiatives

In the 2005–06 Budget, the Australian Government committed $4.3 million over three years for programs to help women – particularly Indigenous women – stop smoking during and after pregnancy by encouraging doctors, midwives and Indigenous health workers to give advice to pregnant women about the damage caused by smoking. A National Advisory Group on Smoking and Pregnancy (the Advisory Group) was formed to advise and assist the Department of Health and Ageing on effective initiatives to stop smoking by pregnant women.[10] As the Smoking and Pregnancy funding has now been allocated, the Advisory Group is no longer active.

The Advisory Group recommended a number of activities, which have been completed or are underway.

These include:

- A scoping study to inform the development of priority areas for funding.
- Qualitative research to explore smoking policies and smoking and pregnancy cessation interventions.
- Adoption of the National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn[11] as the national guidelines for smoking and pregnancy.
- A report by the Australian Institute of Health and Welfare entitled Smoking and Pregnancy, which utilises National Perinatal Data.[12]
- Development of one or more national standard data elements on smoking during pregnancy by the National Perinatal Data Development Committee, to facilitate nationally consistent and comparable data on smoking in pregnancy.[12]
- Development of a Pregnancy Lifescripts Kit focusing on smoking, alcohol use and nutrition. The Smoking and Pregnancy Lifescript was launched in December 2006.[13]

Many State Government initiatives (such as the inclusion of smoking cessation interventions in maternity performance indicators) are underway, in addition to those funded by the Australian Government.

References