

HWLG(3)-NNC003- ASH Wales

**Health, Wellbeing and Local Government
Committee**

Inquiry into Neonatal Care - Evidence from ASH Wales



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Mr Marc Wyn Jones
Clerk
Health, Wellbeing and Local Government Committee
The National Assembly for Wales
Cardiff Bay
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2nd March 2010

Dear Mr Jones

Health, Wellbeing and Local Government Committee - Inquiry into Neonatal Care

I noted with interest the announcement by the Health, Wellbeing and Local Government Committee to hold an inquiry into Neonatal Care in Wales.

Whilst ASH Wales will not be submitting formal evidence for this inquiry due to its focus on neonatal standards and services, it is however, important to highlight the crucial issue of tackling tobacco use amongst pregnant women in Wales which has a significant impact on the demand for neonatal services.

Smoking during pregnancy is associated with premature births, low birthweight, birth defects, miscarriage and Sudden Infant Death Syndrome. Longer term health damage results in more respiratory illnesses and glue ear, which causes hearing problems, during the childhood years. Smoking levels before or during pregnancy are 37% in Wales, higher than the rest of the UK. Amongst mothers who smoked before or during pregnancy only 41% of those in Wales were likely to have given up smoking before or during pregnancy. 22% of mothers in Wales were likely to smoke throughout their pregnancy.

In Wales we need to ensure that pregnant women who smoke have specific cessation and prevention programmes tailored to their needs, have appropriate referral interventions, midwives trained in tobacco cessation, and access to effective and equitable cessation services and products to support them in quitting for the benefit of their health and that of their child. Whilst Stop Smoking Wales is currently trialing a number of initiatives to engage more effectively with pregnant smokers, it remains the case that there is currently, a lack of systematic service delivery to support pregnant smokers to quit right across Wales.

I have attached a short brief on the effects of smoking and pregnant women for your information. I hope Members of the Committee find this helpful.

Further information about the work of ASH Wales can be found at www.ashwales.co.uk

Yours sincerely

Tanya Buchanan
Chief Executive

Smoking and Pregnancy¹

Women who smoke in pregnancy are more likely to be younger, single, of lower educational achievement and in unskilled occupations.

Foetal growth and birth weight - Babies born to women who smoke are on average 200 grams (8 ozs) lighter than babies born to comparable non-smoking mothers. Furthermore, the more cigarettes a woman smokes during pregnancy, the greater the probable reduction in birth weight. Low birth weight is associated with higher risks of death and disease in infancy and early childhood.

Spontaneous abortion - The rate of spontaneous abortion (miscarriage) is substantially higher in women who smoke. This is the case even when other factors have been taken into account.

Other complications of pregnancy - On average, smokers have more complications of pregnancy and labour which can include bleeding during pregnancy, premature detachment of the placenta and premature rupture of the membranes. Studies have indicated that women who smoke are 1.5 - 2.5 times at risk of an ectopic pregnancy.

Perinatal mortality - Perinatal mortality (defined as still-birth or death of an infant within the first four weeks of life) is increased by about one-third in babies of smokers. This is equivalent to approximately 1900 deaths per year in England and Wales. The increased perinatal mortality in smoking mothers occurs particularly among manual socio-economic groups and in groups that are already at high risk of perinatal death, such as older mothers or those who have had a previous perinatal death.

Sudden Infant Death Syndrome - More than one-quarter of the risk of death due to Sudden Infant Death Syndrome (cot death) is attributable to maternal smoking. The greater the quantity of cigarettes smoked, the higher the risk of cot death.

Pre-Term Labour - Recent research in Sweden examined the relationship between maternal smoking and pre-term birth and found that, compared to non-smokers, there was a two-fold increase in risk of preterm labour among moderate smokers, rising to two and a half times greater risk among heavy smokers.

Passive smoking and pregnancy - Non-smoking women exposed to other people's tobacco smoke during pregnancy are more likely to have lower weight babies. 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 40-50g lighter than those born to women who are not exposed. Other research suggests that non-smoking women who are exposed to second-hand smoke during their pregnancy are at increased risk of giving birth prematurely and may be at increased risk of spontaneous abortion (miscarriage).

Health and long term growth - Infants of parents who smoke are twice more likely to suffer from a serious respiratory infection than the children of non-smokers. Smoking during pregnancy can also increase the risk of asthma in young children. New research suggests that the increased risk of asthma and respiratory infections may be due to changes in biological receptors in the baby's immune system that are responsible for recognising and fighting infections and bacteria.

Smoking in pregnancy may also have implications for the long term physical growth and intellectual development of the child.

¹ This information has been derived from: ASH Essential Information "Smoking, Sex and Reproduction". The full document may be accessed at http://www.ash.org.uk/files/documents/ASH_112.pdf