

Children and Young People's Overview and Scrutiny Committee

8th November 2024



Best Start in Life Update Report:

Tobacco Dependency in Pregnancy / Breastfeeding

Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide Children's and Young Peoples Overview and Scrutiny (CYP OCS) with an update of the progress made in addressing the Best Start In Life (BSIL), with a specific focus on the work undertaken to address the key priorities of Tobacco Dependency in Pregnancy (TDiP) and breastfeeding as requested by CYP OSC.
- 2 Inform CYP OSC on the wider system approach to tackling these two key priorities for maximum impact and improved outcomes.

Executive summary

- 3 We know that measurable gaps in outcomes between disadvantaged and vulnerable children and their better off peers can emerge early, before children are two years of age, and are difficult and costly to close once open. These are known as the 1001 critical days.

TDiP

- 4 Babies born to mothers who smoke are more likely to live in the most deprived areas. The health and pregnancy-related risks for mothers and babies are unfairly distributed and have grown, despite focused efforts to address tobacco dependency during pregnancy in recent years.
- 5 In County Durham, tobacco control is a key priority in the Joint Local Health and Wellbeing Strategy, with a focus on supporting women to achieve a smoke-free pregnancy by addressing tobacco dependency as an addiction, not a lifestyle choice.

- 6 Supporting smokers in contact with the healthcare system to quit is a prevention priority in the NHS Long Term Plan and every health and care professional has a role to play.
- 7 Addressing parental smoking requires the involvement of all health professionals who engage with families, including GPs, paediatricians, practice nurses, midwives, health visitors, and others. Family hubs and organisations working with families in the first 1001 days of life also play a vital role in providing information and linking families to smoking cessation services.

Breastfeeding

- 8 Breastfeeding plays a crucial role in narrowing health inequalities between rich and poor communities. Improving breastfeeding rates can offer significant advantages for those in more deprived communities, who experience a higher prevalence of low birthweight infants and infectious childhood diseases.
- 9 Local breastfeeding research has helped to understanding the beliefs and attitudes of people in County Durham and shape the development of targeted social marketing campaigns.
- 10 By increasing awareness of breastfeeding benefits and influencing social norms, we aim to normalise breastfeeding as the standard method of infant feeding, making it an accepted part of everyday life. This involves creating positive and inclusive environments in local settings such as schools, workplaces, and public spaces.

Recommendation(s)

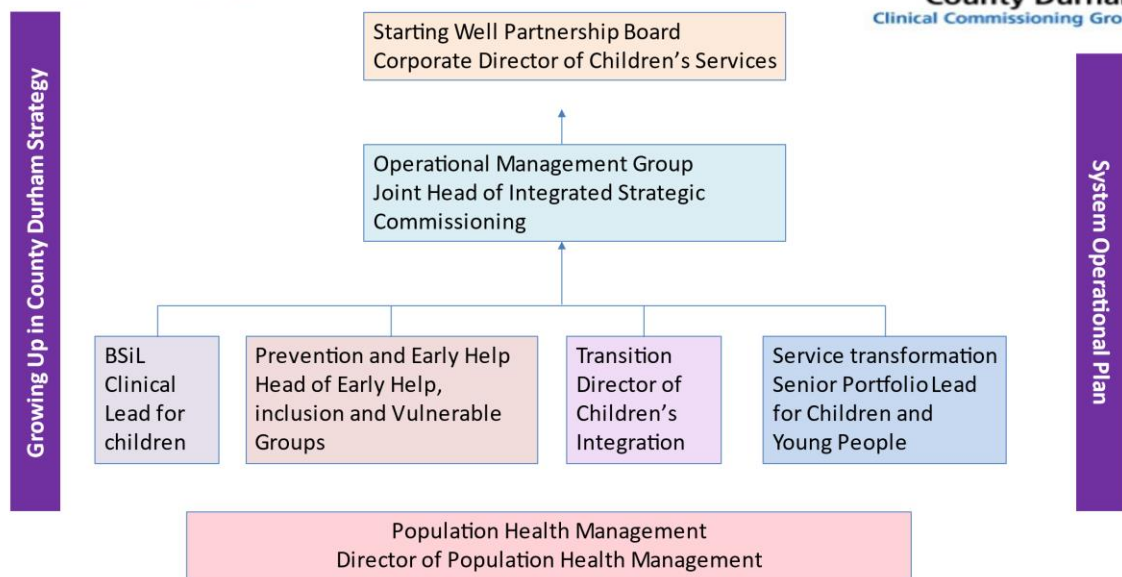
- 11 Children and Young Peoples Overview and Scrutiny Committee are asked to:
 - (a) note the content of the report;
 - (b) actively support the development and launch of a system-wide call to action to address smoking in pregnancy and reduce related health inequalities;
 - (c) support efforts to increase access to smoking cessation treatment and support for pregnant women and families;
 - (d) provide support to the breastfeeding campaign to promote the normalisation of breastfeeding in our communities.

Background - BSIL

- 12 The importance of the first 1001 critical days and ensuring every child has the best start in life is a key national priority and has been a local priority for County Durham since the Marmot review in 2010. Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life.
- 13 During the first two years of life the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experience is therefore vital to ensure children are ready to learn, ready for school and have good life chances.
- 14 The identified 7 BSIL priorities include:
 - i. Speech and Language Development
 - ii. Un-intentional Injuries in the 0-2 year old group
 - iii. Peri-natal Mental Health
 - iv. Increasing breastfeeding rates
 - v. Reduce tobacco dependency in pregnancy
 - vi. Supporting vulnerable families
 - vii. Healthy weight
- 15 Family Hubs are a single gateway for family support services, improving join-up between organisations, and creating community-based opportunities of support with the BSIL priorities.
- 16 CYP OSC have requested a specific update on the work being undertaken to address Tobacco Dependency in pregnancy and breastfeeding and this will be the focus of this report.

Governance Arrangements

- 17 The BSIL Steering group is accountable to the Starting Well Partnership Board (SW PB) via the operational management group who oversee and govern the work of the BSIL group. Updates are provided twice a year on progress including risks and issues.



Update Tobacco Dependency in Pregnancy (TDiP)

- 18 Smoking is not a lifestyle choice but a dependency requiring treatment. Supporting smokers in contact with the healthcare system to quit is a prevention priority in the NHS Long Term Plan and every health and care professional has a role to play.
- 19 The government's ambition is to achieve a smoke-free society in England by 2030, defined as adult smoking prevalence of 5% or less. The local ambition for County Durham is that all pregnant women and mothers will not smoke.

Health Impact / Risks

- 20 Smoking is a leading cause of preventable harm and health inequalities affecting mothers and babies in County Durham. It is the single most modifiable risk factor in pregnancy and remains a persistent challenge, despite ongoing public health efforts.
- 21 The smoke from tobacco contains harmful substances like carcinogens (a substance, organism or agent capable of causing cancer), formaldehyde, arsenic, benzene, and lead.
- 22 Smoking during pregnancy can cause serious pregnancy-related health problems including complications during labour and an increased risk of miscarriage, premature birth, stillbirth, and low birthweight. Exposure to second-hand smoke also has detrimental impacts on babies, children, and other family members.

23 Studies have consistently shown that smoking during pregnancy and exposure to second-hand smoke is associated with an increased risk of infant mortality. Babies born to mothers who smoke are more likely to experience complications such as low birthweight, preterm birth, and respiratory problems (Table 1). These factors contribute to a higher risk of infant death, particularly from conditions like respiratory distress syndrome, sudden infant death syndrome (SIDS), infections, and other health complications.

Table 1: Impact of smoking and exposure to second-hand smoke during pregnancy:

	Maternal smoking	Second-hand smoke exposure
Low birthweight	2 times more likely	Average 30-40g lighter
Heart defects	25% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Possible increase
Miscarriage	32% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

24 Smoking exposes the baby to harmful chemicals, which can impede normal fetal development. This can result in various complications, spanning infancy through to adulthood, including respiratory issues; increased vulnerability to infections; increased risk of SUDI and increased risk of both poor cognitive development and behavioural issues in children (Table 2).

Table 2: Maternal smoking and exposure to second-hand smoke during pregnancy - risks to child health

SUDI	Babies exposed to maternal smoking during pregnancy are up to 3 times more likely to die from sudden infant death. Postnatal exposure to tobacco smoke further increases the risk of SUDI.
Respiratory issues	Children of smoking parents face double the risk of respiratory infections. Smoking during pregnancy can also increase the risk of asthma and wheezing in children and adolescents.
Meningitis	Evidence shows maternal smoking appears to more than double the risk of bacterial forms of meningitis. Second-hand smoke exposure in the home can double the risk of invasive meningococcal disease especially among children under 5 years and those whose mothers smoked during pregnancy.
High cholesterol and obesity	Offspring of smoking mothers are more likely to have elevated cholesterol levels. There is strong evidence that childhood overweight and obesity can be related to smoking during pregnancy.
Childhood cancer	Maternal smoking is linked to increased risks of childhood cancers such as lymphoma, acute lymphoblastic leukaemia, and brain tumours.
Offspring fertility	Smoking during pregnancy can impact fertility in both male and female offspring, affecting sperm production and testicular health in males.
Other health impacts	Maternal smoking is associated with congenital defects, impaired physical growth, learning difficulties, ADHD, behaviour problems, and psychiatric morbidity in children.

- 25 Many measures of local health (such as life expectancy, breastfeeding, childhood obesity and premature mortality) are worse in our more deprived areas and smoking in pregnancy is no exception. Women in the lowest socioeconomic groups are more likely to be smokers when they become pregnant and are less likely to quit during their pregnancy or after childbirth. Consequently, those from socioeconomically disadvantaged groups are at a much greater risk of complications during and after pregnancy.
- 26 The intergenerational impact of maternal smoking is concerning, as children raised by smokers are more likely to become smokers themselves, further perpetuating the cycle of inequality and affecting their life chances.

Local Picture

- 27 In County Durham we have around 4,500 births each year. Of those giving birth in 2022/23, 14.2% were known to be smokers at the time of delivering their baby – around 1 in 7 women. This is significantly worse than England's 8.8% and the North East 12.5%
- 28 There is high level variation in the rate of 'smoking at the time of delivery' (SATOD) within County Durham. In some areas, between 1:3 and 1:4

mothers are smoking at the time of delivering their baby, and in others it is less than 1 in 20. Babies born to mothers who smoke are more likely to live in our most deprived than our least deprived communities.

- 29 In County Durham, tobacco control is one of the four key priorities of the Joint Local Health and Wellbeing Strategy. A core deliverable of this strategic priority is to support women to achieve a smoke-free pregnancy through whole system change.
- 30 Reducing smoking during pregnancy is critical for giving children the best start in life and is a priority across several national and local policies, including the NHS Long Term Plan (2019), the Three-Year Delivery Plan for Maternity and Neonatal Services (2023), Better Births (2016, 2020), and the County Durham Joint Health and Wellbeing Strategy 2023-28. Key documents, such as the Saving Babies' Lives Care Bundle (SBLCB) (2023) and NICE guidance [NG209], provide evidence-based approaches for smoking cessation, including carbon monoxide testing, opt-out referrals, nicotine replacement therapy (NRT), and voucher incentives.
- 31 In County Durham, maternity services have adopted the NHS Long Term Plan's tobacco dependency treatment model, integrating support within routine care. This is aligned with the North East & North Cumbria Tobacco Dependency in Pregnancy & Postnatal Period Pathway which also includes financial incentives to encourage pregnant individuals to quit smoking.
- 32 Investing in tobacco dependency treatment in pregnancy not only provides immediate financial benefits for the NHS, but also addresses broader social and economic challenges:
 - Reduction in health inequalities: Targeted smoking cessation efforts can help reduce disparities in maternal and child health, particularly in deprived areas. This ensures equitable access to high-quality care and supports fairer health outcomes across different communities.
 - Long-term economic gains: The benefits extend beyond immediate cost savings. By improving health outcomes, smoking cessation can lead to long-term economic advantages, including reduced costs associated with chronic conditions and enhanced productivity. Moreover, healthier families contribute to reduced strain on public services and promotes greater community well-being.

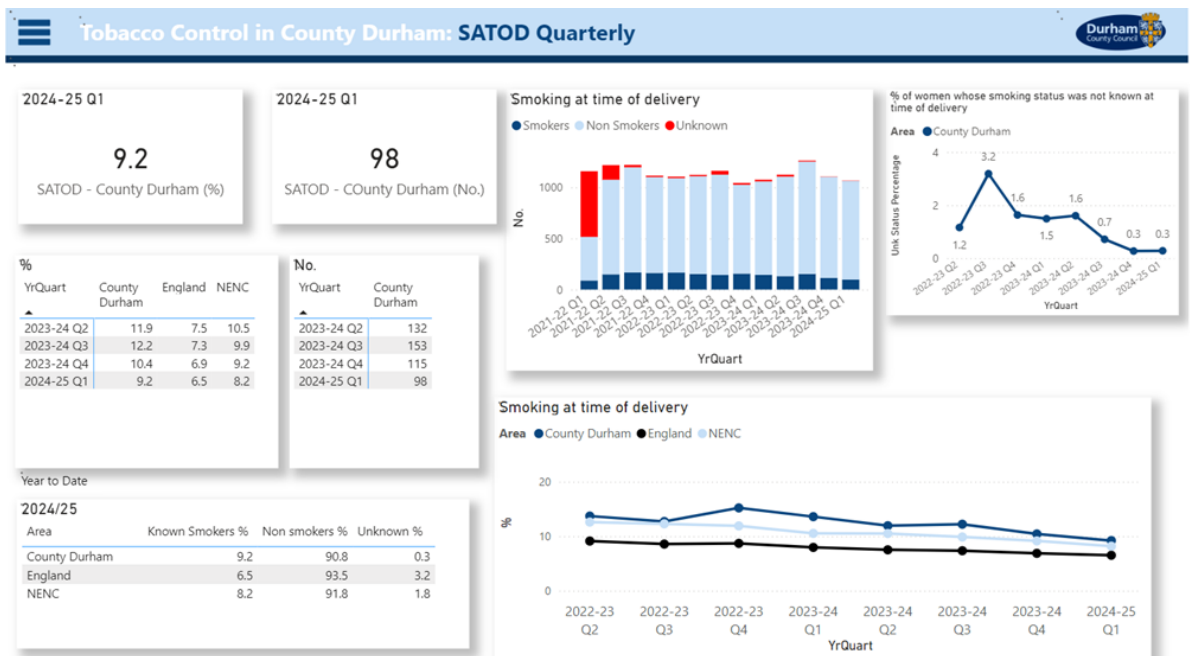
Data and Insights

- 33 Smoking Status at Time of Delivery (SATOD) is an indicator collected via an NHS England data return, submitted by maternity service providers. In

2022/23 the North East region had the highest percentage of SATOD in England (12.5%, compared to the England average of 8.8%).

- 34 While there has been a gradual improvement in the proportion of mothers SATOD locally, significant challenges persist.
- 35 Over the past five years County Durham has seen a 22% decrease in the proportion of mothers SATOD. However, as of 2022/23, County Durham had the second highest SATOD rate in the North East at 14.2% (compared to the 8.8% England average).
- 36 Most recent quarterly data: Quarter 1 (2024/25) in NHS County Durham, 9.2% of women were known to be smoking at time of delivery, compared to 8.2% across the NENC ICB and 6.5% for England as a whole (Table 3).

Table 3: Smoking at time of delivery quarterly data



- 37 It's encouraging that when comparing the County Durham figure to the same period last year, the latest data represents a reduction of 4.4 percentage points (Q1 2023/24 for County Durham was 13.6%).
- 38 It is a positive take away point that in the Q1 2024/25 data, it showed less than 100 mothers smoking, with 98. The average number per quarter in 2022/23 was 154 and in 2023/24 was 136.

Current Action – Integrated Approach

- 39 In partnership with the County Durham Tobacco Control Alliance, the TDiP Steering Group and BSiL group, continues to work collaboratively to

drive towards the regional goal of reducing smoking at time of delivery to 5% or less by 2025 and our local ambition that all pregnant women and mothers will not smoke. This is critical to our drive to ensure children have the best start in life.

- 40 Providers are encouraged to adopt the County Durham Approach to Wellbeing as a framework for addressing smoking in pregnancy. This approach emphasises community-focused strategies, resilience-building, and collaborative action, grounded in evidence and tailored to local needs.
- 41 Development of clear referral pathways and support to stop smoking during pregnancy and for partners / household members.
- 42 A new specialist Midwifery Matron for Health Inequalities has been recruited within the local provider trust (CDDFT), funded by Durham County Council's Family Hubs & Start for Life Programme.
- 43 Working towards enhanced data sharing to facilitate the accurate identification of trends and gaps in service provision, enabling the development of targeted, evidence-based interventions.
- 44 Fostering collaborative action to achieve meaningful progress in reducing smoking rates in pregnancy. This requires a cohesive and coordinated effort from a wide range of partner organisations to maximises impact and ensures the best outcomes for our communities.
- 45 DCC public health is organising a dedicated workshop event for all relevant partners to collaboratively discuss strategies and identify actionable steps. Success in these initiatives depends on our collective commitment to working together, leveraging shared expertise and resources.
- 46 By fostering collaboration and aligning our efforts, we can create a unified approach that maximises impact and ensures the best outcomes for our communities.

Use of E-Cigarettes in Pregnancy

- 47 Whilst e-cigarettes or 'vapes' are promoted as a less harmful alternative to traditional tobacco products, their use during pregnancy remains a topic of concern due to the perceived risks associated with nicotine exposure during this critical period.
- 48 Although the evidence regarding their long-term safety and efficacy as smoking cessation aids during pregnancy is limited, current research suggests e-cigarettes are as safe as NRT patches and a more effective treatment option.

- 49 Women choosing to use e-cigarettes as part of an attempt to stop smoking are supported to do so as this significantly reduces the risk of adverse outcomes, and increases the likelihood of sustaining abstinence throughout pregnancy, the postpartum period and beyond.

Breastfeeding

Background

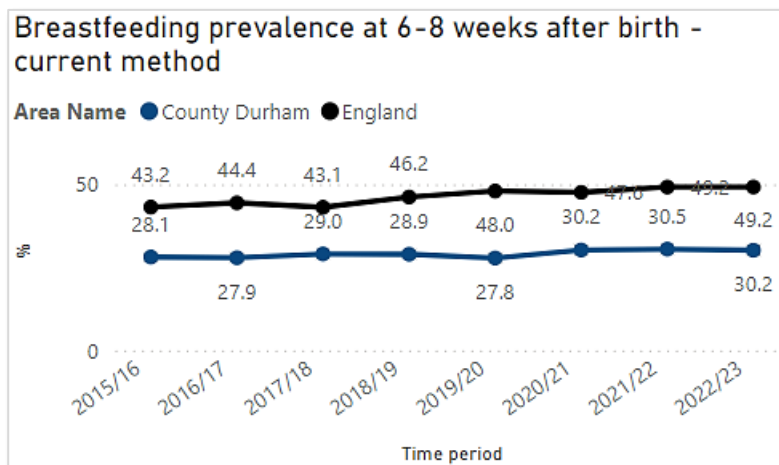
- 50 Breastfeeding plays a vital role in public health, significantly reducing health inequalities and promoting long-term health benefits for both infants and mothers.
- 51 For infants, breast milk provides optimal nutrition, containing essential nutrients and antibodies that support their growth, development, and immune system.
- 52 Exclusive breastfeeding for the first six months of a baby's life is associated with a reduced risk of various health conditions such as respiratory infections, ear infections, allergies, asthma, obesity, and certain chronic diseases later in life. It reduces the risk of sudden unexpected death in infancy (SUDI). It ensures a good start in life and promotes bonding between mother and baby, contributing to their emotional and cognitive development.
- 53 For mothers, breastfeeding promotes postpartum recovery and helps reduce the risk of certain types of cancer, such as breast and ovarian cancer. It also supports maternal-infant bonding and enhances maternal psychological well-being.
- 54 Additionally, breastfeeding is cost-effective, environmentally friendly, and convenient, as breast milk is always available and at the right temperature.
- 55 Despite well-established evidence regarding the benefits of breastfeeding, England has one of the lowest breastfeeding rates in Western Europe. Furthermore, County Durham's breastfeeding rates consistently fall below the national averages in England, with little improvement observed since 2015/16.
- 56 Health inequalities within County Durham remain high. Many measures of local health are worse in our more deprived areas and breastfeeding is no exception.

Data / Insights

- 57 Data relating to **breastfeeding prevalence at 6-8 weeks:**

- In 2022/23, breastfeeding prevalence at 6-8 weeks was 30.2%, significantly lower than the national average of 49.2% (Table 4)
- Since 2021/22, prevalence has decreased by 1.1%, compared to an increase in the North East (+2.7%) and no change in England (0%).
- Since 2017/18, the percentage of infants breastfed at 6-8 weeks has increased by 3.8% for County Durham, compared to an increase in the North East of 14.3% and an increase in England of 14.2%.

Table 4 Breastfeeding prevalence 6-8 weeks after birth



- 58 Since 2017/18, prevalence has increased by 3.8% for County Durham, compared to an increase in the North East of 14.3% and an increase in England of 14.2% (Table 5).

Table 5: Breastfeeding 6-8 weeks, percentage change.

Area Name	% 5 years ago	% Last Year	% Latest Year	Percentage change from last year	Percentage change from 5 years ago
North East region	32.1	35.7	36.7	2.7% ↑	14.3% ↑
England	43.1	49.2	49.2	0.0% →	14.2% ↑
County Durham	29.0	30.5	30.2	-1.1% →	3.8% ↑

- 59 As part of our ongoing commitment to supporting breastfeeding and enhancing infant feeding practices in County Durham, we recently completed a comprehensive research project aimed at gaining deep insights into breastfeeding norms, barriers, and influencers within our community.
- 60 This research focused on understanding the beliefs and attitudes of pregnant and postnatal women, fathers, partners, and key family members such as grandparents. Additionally, it captured the wider population's stance on breastfeeding, including experiences in

workplaces and public spaces, to better support informed choices on infant feeding.

61 The findings indicate:

- Socioeconomic impact: a significant disparity in breastfeeding rates and perceptions across different socioeconomic groups. Individuals from higher socioeconomic backgrounds are more likely to have been breastfed and to choose breastfeeding for their children. In contrast, those living in areas of deprivation are less positive about breastfeeding.
- Youth attitudes: Young people, particularly those aged 16-29, exhibit attitudes similar to those from deprived socioeconomic backgrounds.

Future Plans

62 The local breastfeeding research findings will guide the development of a comprehensive communications and marketing plan designed to foster a supportive breastfeeding culture and support our wider work to increase breastfeeding rates in County Durham.

63 This plan will include behaviourally designed communication and marketing materials that positively influence social norms towards breastfeeding and leverage behavioural theory to increase motivations to breastfeed.

64 Marketing assets and key messaging has been developed from the insights work and participation from various interest groups, including young people who don't have children and infant feeding groups in deprived areas.

65 The campaign will feature real families from County Durham who have volunteered to be used as case studies and will include a mix of digital, social, out of home and broadcast media. This range of marketing platforms will be targeted to specific audiences, including young people and lower socioeconomic areas.

66 Advertising will include outdoor advertising channels such as adshel (bus stops). Out of home advertising is effective in supporting the visibility of the campaign for those who consume media visually. This type of advertising will be geo-targeted to specific geographical areas across County Durham.

67 It is anticipated that the campaign will be launched across County Durham in autumn 2024 and will be repeated in early 2025 to coincide with an increase in early pregnancies. Additional marketing activity will also be carried out in the financial year 2025/26.

- 68 There will be an evaluation of the impact of our communications and marketing campaign to understanding its effectiveness.
- 69 HDFT Paid Peer Supporters are working with local businesses to expand the breastfeeding friendly business accreditation scheme to show their support for breastfeeding mothers.
- 70 There is active promotion and call to action across the wider partnership system through a focused breastfeeding comms plan. This includes increased social media presence and community engagement activities and events to support and promote breastfeeding.
- 71 Face to face breastfeeding support groups have been re-established across the County, with additional targeted support in areas where rates continue to be lower than other localities.
- 72 Our efforts will also extend to educating mothers' primary support networks, including fathers, partners, and grandparents, to enhance their ability to support breastfeeding. Additionally, we aim to increase the competency of our workforce through multi-professional training and tailored antenatal classes, especially for young parents-to-be.
- 73 The BSIL steering group will continue to work with the family hub and start for life multi-agency implementation group to drive the joint programme deliverables.

Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Current delivery is within existing resources, although additional family hubs funding will support the delivery of additional programmes of work.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Climate Change

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable – partnership delivery.

Accommodation

Not applicable.

Risk

Not applicable.

Procurement

Not applicable.