

HEALTH AND SOCIAL WELLBEING: TEENAGE MOTHERS, SMOKING AND PREGNANCY

Issue/Problem	Higher levels of smoking before and during pregnancy amongst teenage mothers in comparison to older mothers.
Evidence Base (Equality & Inequalities Report)	<p>Women aged 20 or under were more likely to smoke before or during pregnancy than those aged 35 and over (61% and 30%) of respectively. They were also more likely to smoke through pregnancy (43%) than women aged 35 and over (21%).</p> <p><i>Ref: Infant Feeding Survey 1995 and 2000 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:107-108).</i></p>
Evidence Base (Literature Review)	<p>Teenage pregnancy is often both a cause and a consequence of social exclusion. Risk factors include poverty, being in care, low educational attainment and mental health problems. Pregnant teenagers and young mothers often live on low incomes and poor housing conditions¹.</p> <p>Common problems amongst teenage mothers include depression and anxiety during pregnancy, financial, social and partnership problems and more negative life events (relationship break-ups, parental separation and lack of community and family support). Teenage mothers are more likely to diet or to smoke during pregnancy². The high smoking prevalence amongst people facing social and economic deprivation suggests that smoking may be used as a stress coping mechanism³. However, there is a close association between smoking during pregnancy and adverse outcomes such as low birth weight, infant mortality and delays in child development⁴.</p> <p>Evidence suggests that cigarettes provide an crucial resource and support system for low income teenagers facing important life events and experiences from which other children are protected. Pressures for low income teenagers to smoke are very persuasive and hard to resist because it may be perceived to be normal to do so⁵</p> <p>Teenage mothers who smoke during pregnancy are reported to be a difficult group to reach in terms of smoking cessation advice and services. Evidence suggests that transferring adult smoking cessation services to pregnant teenagers appears to be largely ineffective. However, interventions which engage with teenagers in</p>

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their own areas and familiar settings, and which firstly build up self-esteem and trust before moving on to tackling the issue of smoking during pregnancy appear to be most effective⁶.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

The [Five Year Tobacco Action Plan](#) focuses upon preventing young people taking up smoking and helping smokers to quit. Additionally one of the three key target groups identified by the strategy are pregnant women who smoke. The need for a range of services targeted at pregnant women tailored and tailored to meet their specific requirements has also been identified by the action plan. The action plan further recognises that young mothers in particular are in contact with a wide range of health and social care professionals. This provides an ideal opportunity for all those involved in providing ante and post natal care to raise the issue of smoking and to offer advice, support and referral to smoking cessation services.

One of the main aims of the [Teenage Pregnancy and Parenthood Strategy and Action Plan 2002-2007](#) is to minimise the adverse consequences of unplanned births to teenage parents and their children through interdepartmental and multi-sector co-operation. Whilst the strategy and action plan does not directly address the high prevalence of smoking amongst teenage mothers, it does aim to tackle many of the issues which cause distress for teenage parents. It also aims to improve the lives of pregnant teenagers and teenage mothers by encouraging them to complete formal education and by concentrating on areas of socio-economic deprivation where rates of teenage pregnancy are the highest.

The reduction in smoking (particularly amongst young people, people on low incomes and pregnant women) is a key aim of HSS Boards and Trusts who provide, in co-operation with other statutory bodies and the voluntary and community sector, a wide range of [smoking cessation services](#) in a variety of settings. Many of these services are targeted at pregnant women. Multi-agency, multi-disciplinary [Tobacco Control Groups](#) have been established in each of the four HSS Board areas to plan and support smoking cessation initiatives, many of which are aimed at addressing the issue of smoking during pregnancy.

Is the problem amenable to further intervention by the DHSSPS or other?

- Programmes which build up trust and self-esteem amongst teenagers who are pregnant, before going on to intensive one to one smoking cessation support are reported to be most effective⁷.
- Provision of initiatives which avoid creating “artificial” smoking cessation groups and which use pre-existing groups (e.g. Sure Start groups) where relationships been young mothers have

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already been well established⁸.

- Ensuring that services are not provided in venues which are unfamiliar to teenage mothers or which are difficult for teenage mothers to get to⁹.
- Interventions provided by specialists (e.g. midwives) as part of antenatal care are reported to be effective in increasing smoking cessation rates amongst pregnant women¹⁰.
- High rates of relapse are known to exist amongst pregnant women who quit smoking during pregnancy. There is a consensus that the transition from pregnancy to the post-partum period is a critical stage for intervention, yet most interventions appear to be targeted at the pre-natal period¹¹. More research is needed into what works in terms of preventing relapse and insuring interventions are targeted at the post-partum period.
- Interventions targeted at women with multiple-risk factors (e.g. smoking, poor dietary intake, psycho-social factors) must be development and their effectiveness examined¹².

¹ Royal Pharmaceutical Society of Great Britain (RPSGB) *The Policy Background to Teenage Pregnancy*. <http://www.rpsgb.org.uk/nhsplan/pdfs/cp-pgd-13.pdf>

² Department of Health (2003). *Teenage Mothers and their Children: Factors Affecting their Health and Development*.

³ Action on Smoking and Health (ASH) Factsheet No. 15: Smoking and Mental Health. September 2004.

⁴ Albrecht, S. A., Higgins, L. W. & Lebow, H. “Knowledge about the deleterious effects of smoking and its relationship to smoking cessation among pregnant adolescents.” *Adolescence*, Winter 2000, Vol. 35, Issue 140.

⁵ Health Development Agency (2001) Smoking, Low Income and Health Inequalities: Thematic Discussion Document.

⁶ Health Development Agency Magazine. “Smoking out pregnant teenagers” Issue 25, Feb/March 2005

⁷ *Ibid.*

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ Health Development Agency. *Smoking Interventions with Children and Young People*. <http://www.publichealth.nice.org.uk/page.aspx?o=502773>

¹¹ Health Development Agency. Prevention of low birth weight: assessing the effectiveness of smoking cessation and nutritional interventions. Evidence Briefing Summary.

<http://www.publichealth.nice.org.uk/page.aspx?o=502609>

¹² *Ibid.*