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Dear Editor

Problems identifying pregnant smokers

The dangers of smoking in pregnancy are well documented and the UK has established comprehensive services aimed at providing specialist help to pregnant smokers wanting to stop. However, a recent survey of English specialist stop smoking services reported that only 5% of pregnant smokers engaged with services (Taylor 2001) and monitoring figures from the services reveals that this has not improved significantly since then across the country as a whole. In a recent study investigating methods of early referral of pregnant smokers we uncovered some disturbing facts that may in part explain the low uptake of specialist smoking cessation services by these pregnant smokers.

From a total of 55 GPs, in 17 practices within a deprived area of southwest London, we predicted from delivery figures for the previous year that approximately 120 pregnant smokers should be identified within the nine-month period that the study took place (Marley 2002). GPs were invited to use whatever form of referral was most convenient to them. This included faxing, telephoning or emailing patients contact details to the service, sending a copy of their letter of referral to the maternity services or receiving a weekly call from the service enquiring as to pregnant smokers seen in the previous seven days. Despite this only 8 referrals were received. When asked about the surprising 'lack' of pregnant smokers, the overwhelming response from GPs was that their pregnant patients were not smokers. Other evidence indicates that this is unlikely and so either GPs are not asking or the patients are misreporting smoking status. We also used the midwifery database of the local maternity service. Although a further 37 pregnant smokers were identified in this manner, it remained much less than expected. We noted that for 91 pregnant women on the maternity service database their smoking status was recorded as 'not answered'. The computer system requires a response of some kind and it is possible that 'not answered' in this case actually means 'not asked'.

All this suggests an understandable collusion between busy and empathic healthcare staff and embarrassed smokers for smoking not to be acknowledged. Unfortunately this means that many smokers and their babies are thereby missing the opportunity to

benefit from specialist help that could ultimately prevent death or disability.

Yours faithfully

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References: Marley, F. (2002). Personal communication. London, Battersea PCG.

Taylor, T. & Hajek, P. (2001). Smoking cessation services for pregnant women.

London, Health Development Agency.