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Parental smoking and support in the NICU

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9 **Parental smoking and support in the NICU**
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3 26% of UK women report smoking in the 12 months before pregnancy, but only half manage
4 to quit during pregnancy.[1] In 2017, 10.8% of UK mothers were still smokers at delivery.[2]
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6 Babies born to smoking mothers are more likely to be low birthweight/preterm, require
7 admission to a neonatal intensive care unit (NICU), and have an increased risk of respiratory
8 problems during infancy.[3,4]
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17 Postpartum smoking relapse is high among mothers who stopped during pregnancy.[4]
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19 Relapse is associated with stress and social/health inequalities. The NICU period is often
20 highly stressful for parents.[5] Recent ex-smokers with babies in NICU may be at increased
21 risk of relapse, while those still smoking may find it a particularly challenging time to stop.
22
23 National Institute for Health and Care Excellence (NICE) guidance[4] and a recent Royal
24 College of Physicians report[6] both recommend smoking cessation referral and support for
25 all patients, carers and visitors in secondary care settings and postpartum.
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34 The often-lengthy NICU admission presents a unique opportunity for healthcare
35 professionals to support positive health behaviour change. It is unclear whether smoking
36 cessation support is routinely broached with parents during the NICU stay, or whether
37 intervention would be acceptable. Between July and October 2017 we surveyed NICUs to
38 understand current practices, and also conducted a study exploring parents' experiences and
39 opinions regarding potential smoking cessation support in the NICU.
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49 By telephone survey we contacted 20 UK tertiary NICUs to ask a senior nurse about their
50 unit's smoking policies and practices. 15 (75%) centres responded: none had its own
51 dedicated no-smoking policy, and most deferred to their NHS Trust's general policy; only
52 three units (20%) reported that they *did* routinely ask parental smoking status and offer
53 smoking cessation support; seven (47%) offered some advice at discharge.
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3 We invited a convenience sample of parents of babies admitted to our NICU to discuss
4 smoking, experiences of cessation support, and views about receiving support. With written
5 consent and ethics approval, we interviewed 32 parents of current NICU babies (gestations:
6 25–39 weeks). 10 (31%) were current smokers, 9 (28%) were recent ex-smokers (quit during
7 pregnancy), and 13 (41%) were non-smokers. This smoking rate was considerably higher
8 than would be expected in a general population of new parents.[2] 25/32 (78%) recalled being
9 asked about smoking status during pregnancy, but only 3/32 (9%) reported being asked at the
10 time of delivery, despite enquiry about smoking status at delivery being a national
11 requirement.[2] No parent recalled ever being asked by any NICU staff member during their
12 baby's current admission whether they smoked. 15 (47%) parents stated that they would
13 welcome smoking cessation support during the NICU stay.
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29 Our exploratory research indicates a clear need for routine and improved smoking cessation
30 support within NICU. These data will inform the design and delivery of a dedicated smoking
31 cessation intervention for parents and family members of neonates admitted to the NICU.
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36 Promotion of smoke-free homes is a potentially achievable goal that will benefit the lives and
37 health of many preterm babies and their families.
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