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Smoking cessation in pregnancy: Exploring service users' lived experiences.

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Smoking cessation in pregnancy: exploring service users' lived experiences

Abstract

Background/Aims **Sherwood Forest Hospitals NHS Foundation Trust established a specialist tobacco dependency team to run an in-house opt-out smoking cessation service supported by an incentive scheme. This study's aim was to understand service-users' perceptions of engaging with the team during the intervention.**
Methods **Semi-structured interviews were conducted with a convenience sample of 13 pregnant people who had achieved a smoke-free birth following attendance at the service. The data were analysed inductively through thematic analysis.**
Results **The participants reported strong emotional responses to the team. Non-judgemental support helped reduce barriers, minimise stigma and enhance their ability to achieve a smoke-free birth. Concern for the baby's health was a key motivation to quit smoking.**
Conclusions **This study reports rich insights into service-users' lived experiences of smoking cessation while pregnant. Such insights are useful for service design, clinician training and the design of smoking-cessation messages.**
Implications for practice **Using a non-judgemental behaviour change approach will reduce barriers of perceived shame and stigma to increase engagement with tobacco dependence treatment services. Healthcare professionals should not assume that people are fully aware of the dangers of tobacco use.**

Keywords

Impact | Non-judgemental support | Pregnant people | Smoking | Stigma | Tobacco dependency

Dr Seamus Allison
Associate Professor, Nottingham Business School
seamus.allison@ntu.ac.uk

M Bilal Akbar
Senior Lecturer in Marketing, Nottingham Business School

Claire Allison
Tobacco Dependence Maternity Lead, Sherwood Forest Hospitals NHS Foundation Trust

Karla Padley
Senior Lecture in Marketing, Nottingham Business School

Continued smoking of tobacco during pregnancy by parents causes an increase in adverse pregnancy outcomes of miscarriage, premature birth, low birth weight and stillbirth, with other detrimental health outcomes during childhood and beyond (Royal College of Physicians, 2010). In 2017, the Department of Health and Social Care (2017) outlined its ambition to reduce the prevalence of smoking in pregnancy from 10.7% to 6% by 2022. Only 8 out of 106 submitting clinical commissioning groups in England achieved the 6% national ambition in the reporting year 2021–22 (NHS Digital, 2025).

Stop smoking services were historically commissioned by public health in local authorities with inevitable service variation. To support the reduction of stillbirths, maternity services commenced carbon monoxide testing at the beginning of pregnancy to identify those who were smoking tobacco and or exposed to second-hand smoke (NHS England, 2016). Those with a raised carbon monoxide reading had an opt-out referral for specialist stop smoking treatment.

Evidence has shown that more people stop smoking during pregnancy than at any other time of their lives (Action on Smoking and Health, 2021). The reduction in incidence of smoking at time of birth has been slowly declining, but in line with the reduction of tobacco use in the general population, despite early pregnancy identification and referral to specialist services (Department of Health and Social Care, 2017). NHS England's (2019) long-term plan stated the reduction of tobacco harm needed to be accelerated with an NHS funded tobacco treatment standard service provision based on the proven Ottawa and Greater Manchester services where a specific pregnancy model was developed to provide maternity in-house treatment and behavioural support.

In 2021, Sherwood Forest Hospitals NHS Foundation Trust was identified as an early implementer site to evaluate the NHS long term plan national maternity model of an in-house opt-out service supported by an incentive scheme (NHS England, 2023a). This service

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was run by a team of tobacco dependency advisors, the Phoenix team, who operate according to the NHS England maternity pathway standards (NHS England, 2023a) for those identified as smokers, as per the NHS England (2023b) saving babies' lives care bundle.

The pilot incentive scheme operated for 7 months supported by the Nottingham and Nottinghamshire Local Maternity and Neonatal System with fixed term funding. When the funding expired, the vouchers were unavailable for 7 months, before returning to the full service when further funds were available. The unavailability of the vouchers offered an opportunity to evaluate the effect of the incentive scheme. *Figure 1* shows that the percentage of smokers registered with the service who set quit-smoking dates when vouchers were available was more than double the percentage when vouchers were unavailable. This confirms the vouchers' impact on the overall service's efficacy.

NHS England (2023c) published its delivery plan for maternity and neonatal services, which outlined the ambition to increase maternity safety and personalised care across four themes. The first, 'listening to and working with women and families with compassion', supports reducing health inequalities by ensuring the local Maternity and Neonatal Voices Partnerships (NHS England, 2023d) are integral to the commissioning, delivery and evaluation of services. This is to be achieved by local integrated care systems, which ensure that the service user's voice and experiences are part of the plan to improve maternity safety.

Health inequalities exist in maternity and neonatal care in England, especially for families from certain ethnic minority groups, living in the most deprived areas or who have other protected characteristics (MBRRACE, 2022). Services must listen to these families' experiences and reflect the users' voices (Constable and Kitson-Reynolds, 2022) to ensure they are co-designed to meet their needs. Families that feel involved and receive personalised, non-judgemental care from health services may make behavioural changes impacting their families' lives. In response to this call to listen to service-users, this study explored service users' responses to the support offered by the Phoenix team.

Methods

This qualitative study was conducted with pregnant people who had successfully participated in the intervention and quit smoking. They provided insight into their lived experience of using the service.

Participants

A convenience sample of all incentive scheme participants who had achieved a smokefree pregnancy at the commencement of the study were approached in writing to participate (*n*=43). Overall, 15 individuals replied and 13 were subsequently interviewed at their convenience.

It is important to understand how the participants related to the total cohort of pregnant people registered with the trust (*Figure 2*). A previous study at the trust mapped the postcodes of pregnant people to the Acorn (2024) socioeconomic segments. Acorn is a commercial segmentation tool that lists UK postcodes into one of five socioeconomic/behavioural categories. The trust's analysis showed that 82% of pregnant people lived in the two Acorn categories with the highest socioeconomic deprivation. This is in line with an analysis that found that smokers are four times more likely to live in areas

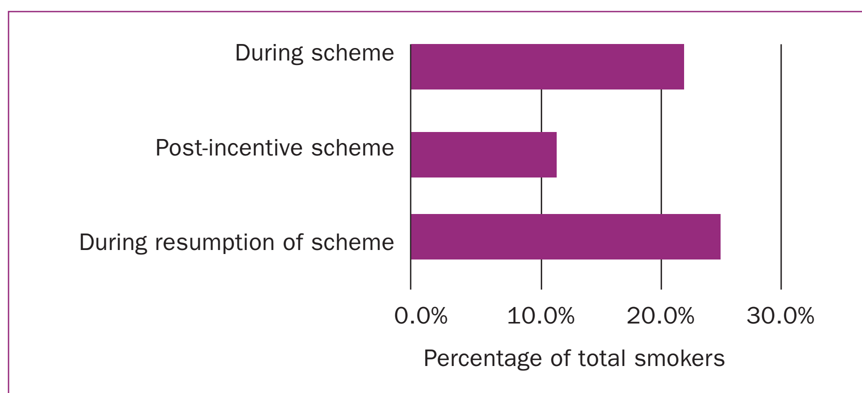

Figure 1. Quit smokers as a proportion of total smokers

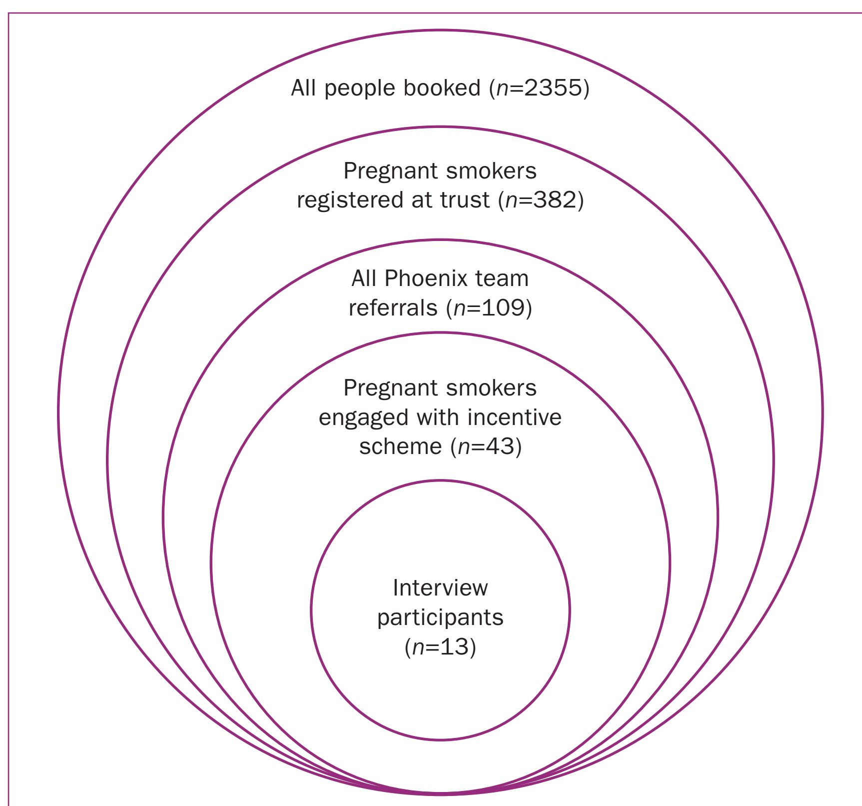

Figure 2. Cohort of pregnant people at the trust

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of socioeconomic deprivation (Office for National Statistics, 2018). From an analysis of the postcodes of the 13 interviewees, there is no reason to believe that the particpiants were not typical service users.

The intervention

The smoking cessation service implemented four measures, as follows. First, it established the Phoenix team, whose members completed the National Centre for Smoking Cessation Training (2025) standard treatment programme for pregnant women, additional specialist modules and a 2-day behavioural support course. The service staged Love2Shop voucher payments totalling £400 per household (*Table 1*), as recommended by the National Institute for Health and Care Excellence (2021). A carbon monoxide monitor was given to every person registered with the scheme and a carbon monoxide reading of less than 4 parts per million was required to verify smokefree status prior to voucher issue. The service also gave access to free nicotine replacement therapy for those registered.

Following a carbon monoxide monitor reading at the first booking, service users could be referred to the Phoenix Team by their midwife with their consent, but retained the right to subsequently opt-out. The Phoenix team made contact within 24 hours of the referral and offered an appointment within 5 days. Users were encouraged to agree on a quit date at the first appointment. Appointments lasting 20 minutes followed for the first 4 weeks, then at least every 2 weeks for the following 12 weeks. Appointments were then monthly up to the birth date., with a final appointment 6 weeks after birth. Appointments could be made face-to-face or via phone. Discussions focused on nicotine addiction and smoking behaviours, with information and support offered to help users quit smoking. The Phoenix team also discussed and arranged a supply of appropriate stop-smoking medications. Further communication could take place by text messages or email.

Table 1. Schedule of voucher distribution

Week voucher issued	Value of voucher (£)	
	For pregnant person	For significant other, if applicable
4	40	40
12	50	-
18	60	-
24	70	-
At birth	180 (if sole smoker, or 100 if significant other also quit)	40

Data collection

Semi-structured in-depth interviews were conducted by KP. The interview guide was designed by MBA. The intention was for interviews to be informal, to help the participants feel at ease and freely share their experiences of the incentive scheme. Questions were used as prompts to ensure key content was addressed, with any additional data uncovered relating to the participant's overall journey welcomed. The interviews were conducted during February and March 2023, recorded using Microsoft Teams and lasting 40 minutes on average. The participants were encouraged to reflect on the background of smoking behaviour, share insights into their smoking behaviour, and how the service was experienced and their post-quit experiences.

Data analysis

Using a broadly inductive method (Linneberg and Kosgaard, 2019), Braun and Clarke's (2006) thematic approach was used to analyse the data. Initially, the data were coded manually by different team members working independently to identify emerging themes. Team members then came together to share their codes, discuss common themes, and agree the final codes and themes for inclusion in the analysis.

Ethical considerations

This study received ethical clearance from the Schools of Business, Law, and Social Sciences Research Ethics Committee at Nottingham Trent University (reference: 1608799). Written consent was obtained from individuals who had access to technology and were able to return the form with an electronic signature. Consent was collected verbally from those who lacked access to technology.

Results

The participants reflected on the profound impact that engaging with the clinical team had on them, which are discussed in the following themes that emerged from the interviews: support from the Phoenix team, non-judgemental support, financial incentives and broader impact: from scumbag to self-actualisation.

Support from the Phoenix team

The participants commented on the scheme's impact on their health and emotional wellbeing.

> ***'I feel amazing all around. Like I feel like I have got loads more energy … I do feel like it has not only benefited my health but has benefited my children as well'. Participant 009***

> ***'I do feel healthier. I do feel better'. Participant 011***

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They reflected on the crucial part played by the Phoenix team in their efforts to quit smoking.

'[The team were] absolutely brilliant. I cannot fault them at all. I had my initial consultation with somebody else, but then when I had my first appointment [with the Phoenix team], we saw [named professional], who we saw right the way through my pregnancy, and I still have contact with her now, which is really, really good. All of them are absolutely fantastic'. Participant 001

'They referred me, and I had a phone call with [named professional], and it was really nice, actually. And usually, I have really bad anxiety when speaking to people. But when I spoke to her for the first time, it was welcoming and warm. It was. It was nice. Yes, it made me feel really comfortable'. Participant 002

'Amazing. It was friendly from the get go. They were so open, like they opened their arms and gave you a cuddle if you needed it … do you know when you quit smoking, you are pregnant, there is a lot of pressure. I lost my grandad as well whilst I was pregnant. And it was just friendly. They are so friendly. Instead of being regimented, it was not. They listened to you talk. They became more friends than a quit smoking service, which again helped massively'. Participant 004

It was normal for the participants to continue to meet the Phoenix Team after birth because of the strength of the relationships formed.

Non-judgemental support

Some participants reflected on the stigma they felt was associated with the behaviour resulting from tobacco dependency, dsicussing previous quitting efforts in other services.

'I have tried [quitting smoking while pregnant previously], but answering that first phone call, it was not the same. And I do not know, it just felt like I was being judged a little bit too much, so I never went through with any of them again'. Participant 009

'It did get me down a little bit because I did feel as though my midwife judged me. It is not what she says, but it is how they say things and how they come across, and they are so pushy. I understand it is a benefit for the baby. But it is things like that I do not think help the mums; you do not want to be told you have got to do it'. Participant 005

Mindful of this perception of stigma, several discussed how they felt that the Phoenix team members did not judge them, unlike in their previous interactions with clinicians.

'For me, the support was very caring, and in regards to stopping smoking, like I said a million times, I just felt like they did not judge anything. They gave you the information you needed, but the way they gave it to you was in a very caring way, like it was not a blasé way, but it was more of not nailing it into you. It was just more of a casual conversation with you. They got the point across, but you did not feel intimidated, or they did not make you feel really a shitty person because smoking when you are pregnant'. Participant 011

The participants reflected on how the personal relationship they formed with the Phoenix team was vital and that these relationships had been a significant contributory factor supporting their attempts to quit smoking.

'It was like going and seeing a friend, it was lovely'. Participant 008

'It felt a bit more like friends than a patient'. Participant 009

'I think they were consistent, which is nice and then obviously everything that I have said about being supportive and not feeling judged because there were a few weeks that I went at the beginning where I was like, "I do not think I can do this". She never judged me. Not once … it helped me'. Participant 010

'They are very interested in how you are getting on as a whole'. Participant 011

Financial incentives

The participants confirmed the value of the incentive scheme, the vouchers offered and the target-setting aspect when reflecting on the impact it had on their behaviour.

'I saved my vouchers for the breast pump; it is like made it achievable because I hit those targets'. Participant 006

'You did not want to turn back now once you have got to that milestone; you just want to keep going'. Participant 008

'The voucher scheme was a massive bonus, and it was not why I did it, but it was a massive reward

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Key points

- This study explored the experiences of service users at a smoking cessation service set up at Sherwood Forest Hospitals NHS Foundation Trust.
- The participants reported significant emotional responses, and the strength of their relationship with members of the Phoenix team contributed to their ability to achieve their quit-smoking objectives.
- The Phoenix team helped reduce barriers to engagement with the service and although perceived stigma may have contributed to procrastination, the Phoenix team were able to mitigate this via their nonjudgmental approach.
- The incentive scheme appears to have been effective, but concern for the health of the baby was a primary motivator to quit smoking.

for me … It was like if I did ever get tempted [to smoke], I was like "if I have a cigarette now, then I am not going to get my next set [of vouchers]"'. Participant 010

However, none of the participants expressed that the vouchers were the reason they set a quit date in the first place; it may be that the vouchers helped to maintain their efforts, rather than triggering an initial response.

Broader impact: from scumbag to self-actualisation

The participants talked about their previous experiences of smoking during pregnancy and engaging with clinicians, their interactions with friends and the public and how these contrasted with their experience of engaging with the Phoenix team.

'All my dreams I had 15 years ago are all coming into place now instead … I need to keep my stress levels down and remind myself that when things do get tough, it will get tough. I am going to have those cravings, but that does not mean I have to give in to them'. Participant 005

'You should know how damaging smoking is when you are pregnant anyway. You do not need to be told that, but the way [the Phoenix team] reiterate that information to you, I think they do that really, really well and in a dignified way, rather than coming out of an appointment feeling like a scumbag, you go out feeling like empowered that you are going to be able to do this because they have made you feel like you are not a bad person'. Participant 011

Some participants described the broader impact that quitting had on their life; they had subsequently taken up a range of physical and intellectual activities that they felt they would never have had the opportunity to get involved with had they not been successful in their quit-smoking endeavours. They attributed this new sense of self-efficacy to the Phoenix team members' support.

'But then when I stopped smoking, there was that whole difference. We were also able to find the funds to go and do these activities. So it has been really fantastic'. Participant 005

'When I was pregnant, I was going for … my driving lessons. Like I passed my test. I did quite a lot of achievement whilst I was pregnant. There was concern … are you ready? … when I passed … the Phoenix team called me … and I was like "oh my God, I've passed"'. Participant 012

'We're going on more days out, we'll do more stuff and I think "I've done that". If I'd carried on, I still probably wouldn't have been able to do any of this. It's just nice to be able to'. Participant 013

The principal motivation to quit smoking came from the consciousness of becoming a mother, which was the initial sign to stop smoking. This motivation of concern for self reflected a sense of responsibility, excellent contrast and testament to the growth that the participants accomplished.

'The only thing that kept coming through my mind, was I had to do it for my baby. It was the safest and healthiest option for her. I did not know what I was having at the time, so it was just a baby at the time. And so, I had to do it for her health benefits rather than my own. And so, it was doing it for someone else, not for myself'. Participant 005

'Think it was most like my health and the baby's health as well … I think that was the main change that I wanted to make'. Participant 013

Discussion

This study's findings highlight the complex journey that the participants went through, sharing the motivational moments that encouraged them to quit smoking, the feeling of being judged and the personal emotional battle while being pregnant. There was a general acknowledgement among the participants that engaging with the Phoenix Team was beneficial for their general sense of wellbeing, both physical and emotional. This is not entirely surprising as the positive benefits of quitting smoking have been understood for some time (Taylor et al, 2014).

One unexpected outcome was that many of the service users (both interviewees, as self-reported in the

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interviews and others, as reported anecdotally by the Phoenix Team) continued to engage informally and non-clinically with members of the team after their interventions ended. The authors of the present study propose that it may be that, in some cases, tobacco dependence has been replaced with a dependence on the team. Such dependencies have been shown in clinical psychology settings, which have both positive and negative impacts on service users (eg if the contact stops at some stage) and on service providers (eg the impact on clinicians' emotional wellbeing) (Geurtzen et al, 2019).

Research has shown that pregnant smokers are aware of the social stigma experienced by those who smoke while pregnant (Evans-Polce et al, 2015). Several participants acknowledged that they felt the Phoenix Team members did not judge them, something they had experienced before and is commonly reported by pregnant smokers (Grant et al, 2020). This non-judgemental aspect of the service appears to be a significant contributory factor to its effectiveness.

It has been shown in some therapeutic settings that service users thrive when they feel they are being treated as 'human beings' rather than participants in a process (Bacha et al, 2019). The present study's participants reported that the non-judgemental support they received from the Phoenix Team was important to them. They described the team members as being like friends, open, caring and good listeners. They described a process that was not regimented, intimidating or rigid and credited the dignified treatment they received with helping them achieve their goals.

The baby's health was participants' fundamental motivator to engage with the service. They understood the need to create behaviour change to ensure their infant's health was not sacrificed (Allison et al, 2024). This was elicited through affective responses such as guilt and fear regarding the harm they felt they were doing to the baby. There is perhaps some tension here. While the potential for harm has been well understood for some time, the specific design of the incentive scheme provides insight into service users' behaviour. Although no one suggested that the incentive scheme was a key factor in their engagement with the service, it is clear that numbers engaging with the scheme were significantly higher when the incentive was in operation, as opposed to when it was paused, and it has been shown that incentive schemes support sustained smoking cessation among pregnant people (Breunis et al, 2021).

Limitations

Although the data generated from these interviews represent significant insights into the participants' lived experiences, generalisations to other settings cannot be made because of the study's small sample. This also means that caution is required when interpreting the interview insights to all pregnant smokers at the trust.

Implications for practice

Service users of smoking cessation services often live complex lives with multiple pressures, making it challenging to exercise agency when attempting to quit smoking. Their beliefs and values are often in tension with their smoking behaviour, creating a sense of perceived stigma that may contribute to procrastination in engaging with a tobacco dependency team (David et al, 2025). This may create a significant barrier to accessing services. Clinicians should bear this in mind in their interactions with pregnant people who smoke and be aware that, for many of them, smoking has long since stopped being a lifestyle choice.

Healthcare professionals should not assume that people are fully aware of the dangers of smoking; there is perhaps a need to continue to communicate key health messages. The present study highlighted that the participants were most likely to be motivated by concerns for their unborn child's health; this should influence the design of promotional materials and healthcare professionals' scripts.

Healthcare professionals regularly meet resistance from pregnant smokers when introducing cessation services (Griffiths et al, 2022). This can make for difficult conversations, which can be discouraging and demotivating. However, the present study's participants showed unreserved positivity regarding the results achieved, which is encouraging.

The richness of insights from the interviewees highlights the gain from engaging with service users, including their voice in clinical interventions, in line with the call to make this part of the design of services. However, it should be remembered that people are not always aware of their own motives; the trust's data show the positive impact of the incentive scheme, while the participants tended not to reflect on this as a change factor.

Conclusions

The participants provided a rich source of reflection on their lived experiences of smoking during pregnancy, the decision to engage with the smoking cessation service, their experience of that service and the personal impact it had. The participants reported significant emotional responses to the support given and were universal in their praise. It was evident that they saw both the practical and emotional support as making an important contribution to their ability to set a quit date and achieve their quit objectives. The emotional support given was a result of the team members' ability to form a positive meaningful relationship with those they supported.

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CPD reflective questions

- Recall an interaction between yourself and a client where a behavioural change could improve their clinical condition. Describe what preparation you did prior to the appointment. How did you structure the interaction to support a person-centred approach?
- Did you use a behaviour change model? If so, which one and why did you choose the model you used?
- To what extent would you approach a behaviour change conversation differently, having read this article?

Several participants reflected on how the team had worked to reduce barriers to their engagement with the service. This was both emotional and tangible. The incentive scheme appeared to make a significant positive difference to the number of people setting quit dates. However, no one identified the incentive as the reason they were able to set a quit date, instead suggesting that it was an aid to maintenance.

Concern for the health of the baby was given as the primary incentive. Quitters appear to achieve maternity outcomes very similar to non-smokers and may exhibit some behaviours, such as breastfeeding, that are more similar to non-smokers than smokers. It is important to be aware that participants were, in a sense, self-selecting and may already have been behaviourally more like non-smokers. Reflecting the service users' voice in service design provides a significant opportunity to tailor services and improve health outcomes. BJM

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Acorn. How Acorn works. 2024. https://acorn.caci.co.uk/how-acorn-works/ (accessed 3 June 2025)
Action on Smoking and Health. Smoking, pregnancy and fertility. 2021. https://ash.org.uk/resources/view/smoking-pregnancy-and-fertility#ref116 (accessed 10 June 2025)
Allison S, Akbar MB, Allison C, Padley K, Wormall S. Evaluating the impact of an incentive scheme to encourage pregnant people to set a quit-smoking date. Eur J Mark. 2024;58(7):1756–1775. https://doi.org/10.1108/EJM-06-2023-0467
Bacha K, Hanley T, Winter LA. 'Like a human being, I was an equal, I wasn't just a patient': service users' perspectives on their experiences of relationships with staff in mental health services. Psychol Psychother. 2020;93(2):367–386. https://doi.org/10.1111/papt.12218
Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101. https://doi.org/10.1191/1478088706qp063oa
Breunis LJ, Bauld L, Been JV. Incentives for smoking cessation in pregnancy. BMJ. 2021;375:n2889. https://doi.org/10.1136/bmj.n2889
Constable A, Kitson-Reynolds E. The importance of the user voice in clinical decision making: a reflective account. Br J Midwifery. 2022;30(12):700–705. https://doi.org/10.12968/bjom.2022.30.12.700
David, J-C, Rascle N, Auriacombe M, Serre FF, Sutter-Dallay L, Loyal D. Perceived and internalized smoking stigma among pregnant women: association with smoking reduction, reactance to smoking health warnings, and intention to discuss smoking with health professionals. J Behav Med. 2025;48(3):442–454. https://doi.org/10.1007/s10865-025-00556-z
Department of Health and Social Care. Towards a smokefree generation: a tobacco control plan for England. 2017. https://assets.publishing.service.gov.uk/media/5a822dc740f0b6230269b419/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf (accessed 10 June 2025)
Evans-Polce RJ, Castaldelli-Maia JM, Schomerus G, Evans-Lacko SE. The downside of tobacco control? Smoking and self-stigma: a systematic review. Soc Sci Med. 2015;145:26–34. https://doi.org/10.1016/j.socscimed.2015.09.026
Geurtzen N, Keijsers GPJ, Karremans JC, Hutschemaekers GJM. Care dependency may help and hurt psychological treatment: a treatment-analogue study with students in clinical training. J Psychother Integration. 2019;29(4):374–388. https://doi.org/10.1037/int0000150
Grant A, Morgan M, Gallagher D, Mannay D. Smoking during pregnancy, stigma and secrets: visual methods exploration in the UK. Women Birth. 2020;33(1):70–76. https://doi.org/10.1016/j.wombi.2018.11.012
Griffiths SE, Naughton F, Brown KE. Accessing specialist support to stop smoking in pregnancy: a qualitative study exploring engagement with UK-based stop smoking services. Br J Health Psychology. 2022;27(3):802–821. https://doi.org/10.1111/bjhp.12574
Linneberg MS, Kpasgaard S. Coding qualitative data: a synthesis guiding the novice. Qual Res J. 2019;19(3):259–270. https://doi.org/10.1108/QRJ-12-2018-0012
MBRRACE. Saving lives, improving mothers' care 2022 - lessons learned to inform maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2018-20. 2022. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_UPDATE.pdf (accessed 3 June 2025)
National Centre for Smoking Cessation. Practitioner training. 2025. https://elearning.ncsct.co.uk/england (accessed 9 June 2025)
National Institute for Health and Care Excellence. Tobacco:

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preventing uptake, promoting quitting and treating dependence [NG209]. 2021. https://www.nice.org.uk/guidance/ng209 (accessed 3 June 2025)
NHS Digital. Statistics on women's smoking status at time of delivery: England, quarter 4, 2021-22. 2025. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/quarter-4-2021-22 (accessed16 June 2025)
NHS England. Saving babies' lives: a care bundle for reducing stillbirth. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf (accessed 10 June 2025)
NHS England. The NHS long term plan. 2019. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf (accessed 10 June 2025)
NHS England. Maternity recommended delivery model November V2. 2023a, https://future.nhs.uk/NHSpp/view?objectId=1087328379 (accessed 9 June 2025)
NHS England. Saving babies lives V3: a care bundle for reducing perinatal mortality. 2023b. https://www.england.nhs.uk/publication/saving-babies-lives-version-three/ (accessed 3 June 2025)
NHS England. Three-year delivery plan for maternity and neonatal services. 2023c. https://www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services (accessed 3 June 2025)
NHS England. Maternity and neonatal voices partnership guidance. 2023d. https://www.england.nhs.uk/publication/maternity-and-neonatal-voices-partnership-guidance (accessed 3 June 2025)
Office for National Statistics. Likelihood of smoking four times higher in England's most deprived areas than least deprived. 2018. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14 (accessed 3 June 2025)
Royal College of Physicians. Passive smoking and children. A report by the Tobacco Advisory Group. 2010. https://shop.rcp.ac.uk/products/passive-smoking-and-children?variant=6634905477 (accessed 10 June 2025)
Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ. 2014;348:g1151. https://doi.org/10.1136/bmj.g1151

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