Progress Report

Smoking and Vaping in Pregnancy (Year one)

ash scotland
Taking Action on Smoking and Health

The primary focus of ASH Scotland's Smoking and Vaping in Pregnancy project is to provide health board staff who work with pregnant women and their support networks with up-to-date, accurate resources.

As the project progresses, ASH Scotland will continue to engage with those that work with pregnant women to gain their views and needs to further inform our resource development, and drive our collaborations with other organisations with similar goals.

The outcomes of this project is for those that work with pregnant women to:

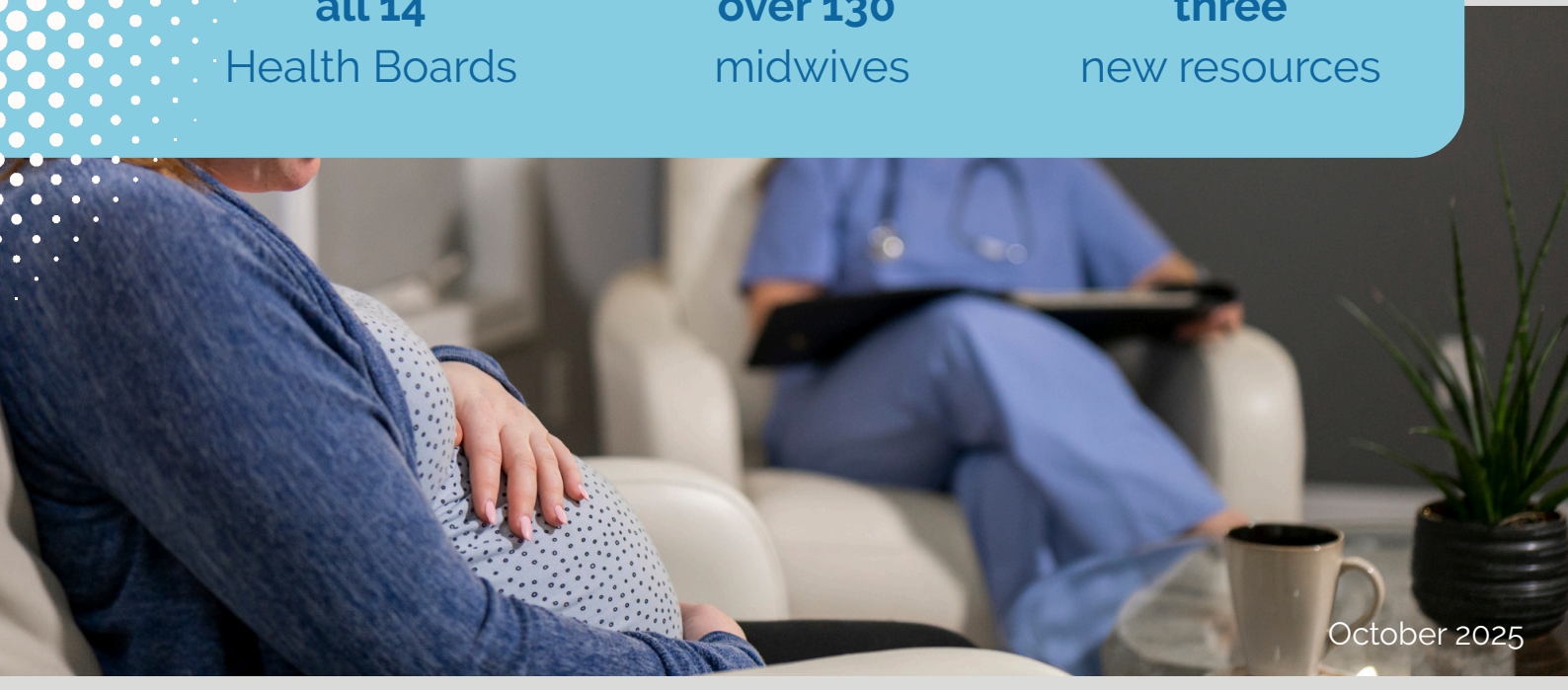
- Be better equipped to raise the issue of smoking and second-hand smoke.
- Have a better understanding of the risks of smoking and vaping during pregnancy.
- Have access to more resources to help them raise the issue of smoking or vaping with pregnant women.
- Be better equipped to talk about cessation and referring pregnant women who smoke and/or vape.

In year one we:

Consulted **all 14** Health Boards

Surveyed **over 130** midwives

Designed **three** new resources



October 2025

A quick glance at our findings

Barriers to Engagement

The most reported barriers by midwives when raising the issue of smoking and referrals were:

- Vaping
- Myths
- Misreporting
- Stigma and judgement
- Lack of knowledge

Confidence and Knowledge

Midwives expressed a need to build their confidence in initiating conversations about vaping during pregnancy, as well as to enhance their knowledge of the associated risks.

Referral Pathways

13 of the 14 health boards use a patient data system called Badgernet which allows them to directly refer pregnant women who smoke to cessation services. 86% of midwives were aware of how to do a referral.

Incentive Schemes and Opt-out Referrals

Three health boards use incentive schemes, and two others are currently trialling incentive schemes.
Although it's a NICE Guideline recommendation, nine health boards report using an opt-out referral system.

> Provide an opt-out referral to receive stop-smoking support for all pregnant women who say they smoke or have stopped smoking in the past 2 weeks; or have a carbon monoxide reading of 4 parts per million or above; or have previously been provided with an opt-out referral but have not yet engaged with stop-smoking support.
>
> **NICE Guidelines**

Further Support

Mental health support and peer support were frequently suggested by midwives to further assist pregnant women who smoke.

Support for pregnant women who vape is varied. Some health boards offer support to quit vaping, the majority do not.

Resources

Midwives and health board representatives emphasised the importance of providing both paper and digital resources for pregnant women and their families. They also highlighted the need for materials to be easily accessible and available in multiple languages.

Training

The most frequently requested training topic was vaping during pregnancy, followed by training on Nicotine Replacement Therapy and practical guidance on how to raise the issue of smoking with pregnant women.

"I feel like regular refresher training on this area would be beneficial for my role to encourage confidence when discussing this topic with women and their families"

NHS Midwife

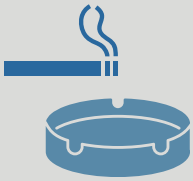
Why is this important?

Scotland reports **higher rates of smoking** during pregnancy compared to many other European countries.

Smoking prevalence among pregnant women has more than halved, from 25.4% in 2001 to 11% in 2022. However, smoking rates in the most deprived communities (SIMD 1) are at 20.4%, which is 8.5 times higher than the 2.5% in the least deprived areas (SIMD 5). In Scotland, 72% of all individuals that smoke are in SIMD 1 or 2.

The highest prevalence of smoking at the first maternity booking appointment in Scotland's regional health board areas is 17.2% in NHS Dumfries and Galloway, while the lowest is 6% in NHS Orkney.

Smoking during pregnancy



Smoking during pregnancy introduces thousands of harmful chemicals to the baby through the placenta.

Smoking in pregnancy increases the risk of pre-term delivery, miscarriage or still birth.

Smoking during pregnancy or after birth increases the chance of sudden unexpected death in infants (SUDI), also known as cot death.

Babies exposed to smoking in the womb are at an increased risk of developing asthma, bacterial meningitis and chest infections.

Quitting during pregnancy

Quitting smoking improves the health of both mum and baby, and reduces potential postpartum health risks.

Quitting smoking improves the likelihood that the baby will be born fully developed and at a healthy weight.

Quitting smoking will save money that can be put towards the costs of preparing for the baby's arrival or towards any additional expenses.

Stopping together with a partner improves the likelihood of a successful quit and also protects the baby from second-hand smoke.

We can't talk about smoking in pregnancy without also addressing the topic of vaping during pregnancy.

Vaping during pregnancy

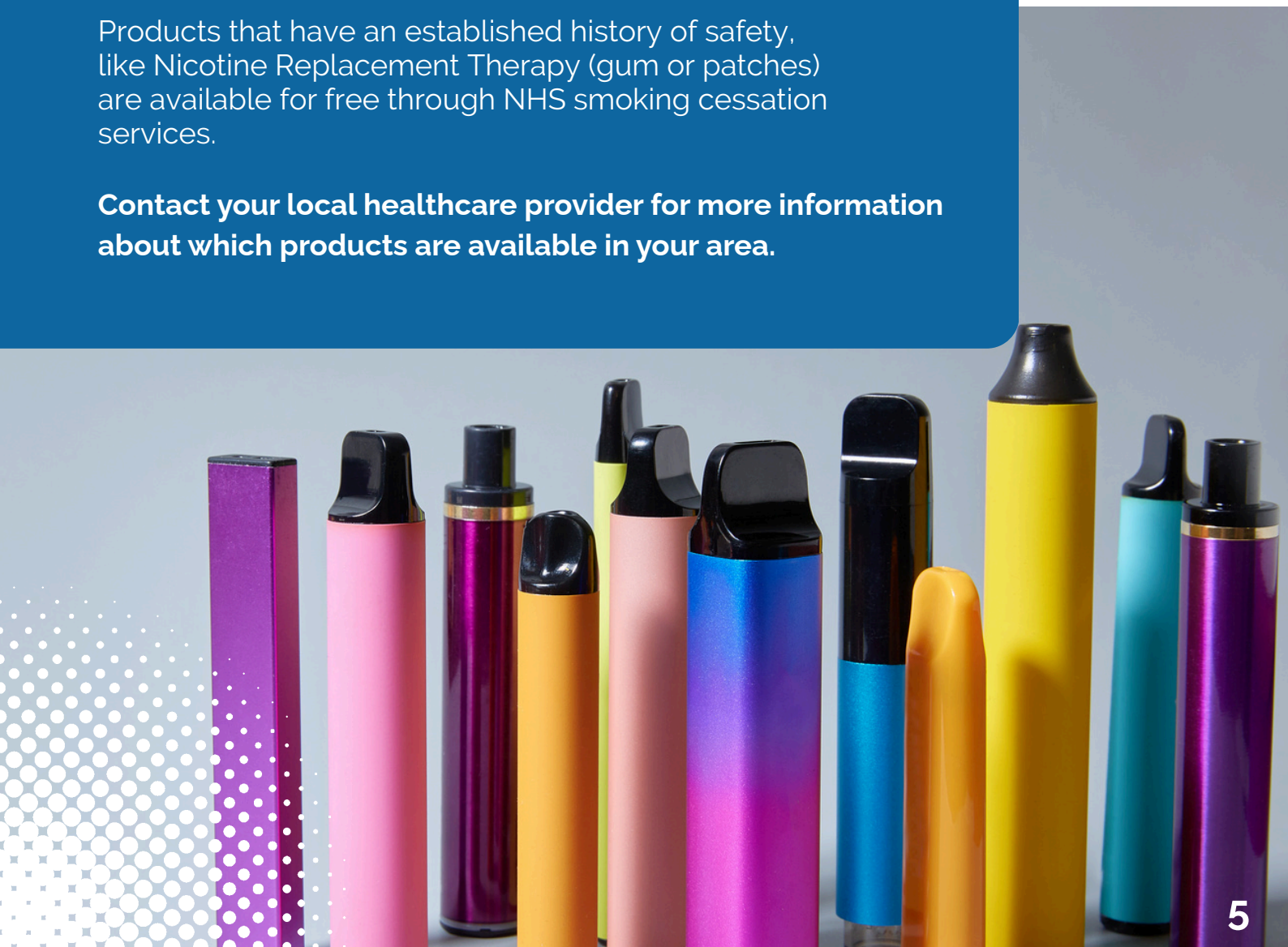
The **World Health Organisation** states that urgent action is needed, and that foetal exposure of e-cigarette vapour can negatively impact development.

Vaping during pregnancy is on the rise, possibly due to the perception by the public that using e-cigarettes is a safer alternative to using cigarettes.

Most e-cigarettes contain nicotine, nicotine exposure in pregnant women can adversely affect the development of the foetus. Additionally, there is no long-term evidence on the safety of these products, especially during pregnancy.

Products that have an established history of safety, like Nicotine Replacement Therapy (gum or patches) are available for free through NHS smoking cessation services.

Contact your local healthcare provider for more information about which products are available in your area.



What have we achieved so far?

ASH Scotland met with all 14 NHS health boards across Scotland to discuss smoking cessation services, vaping during pregnancy, and resources offered to pregnant women. The aim was to ascertain their needs and how we can support them on the topic of smoking and vaping in pregnancy.

We surveyed over 130 midwives across Scotland to gather their views and experiences of their services' referral pathway, resources offered to pregnant women, and whether they felt there were any gaps in the resources offered.

Scotland's Tobacco and Vaping Framework sets out clear actions to ensure the country remains on track to achieve its ambition of becoming tobacco-free by 2034.

Our findings demonstrate **a need for a national approach**, especially in areas of greatest health inequalities, where smoking rates are 8.5 times higher.

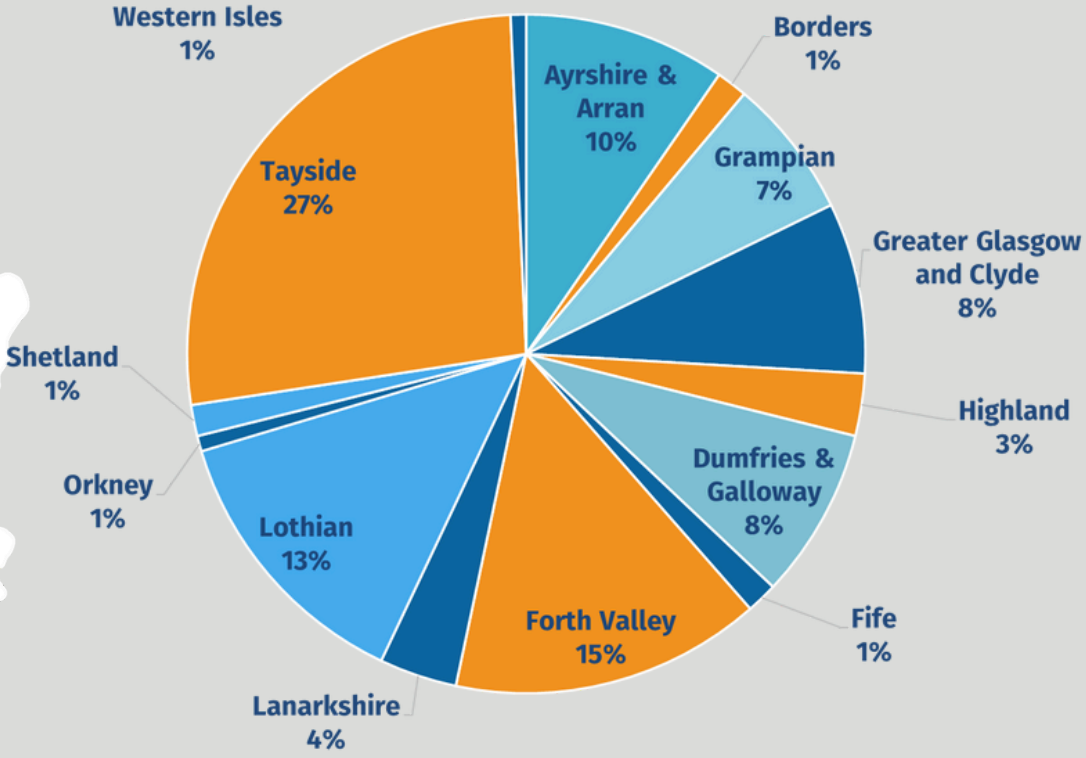
There is a need for **a national consensus statement** in relation to vaping during pregnancy, helping to reduce confusion when speaking to pregnant women who vape.

We set out to collaborate with Public Health Scotland, where we explored opportunities to address gaps in supporting smoking cessation during pregnancy. This partnership highlighted a need for a dedicated platform to facilitate sharing of best practice, and development of a comprehensive action plan to enhance treatment of nicotine dependency in pregnancy.

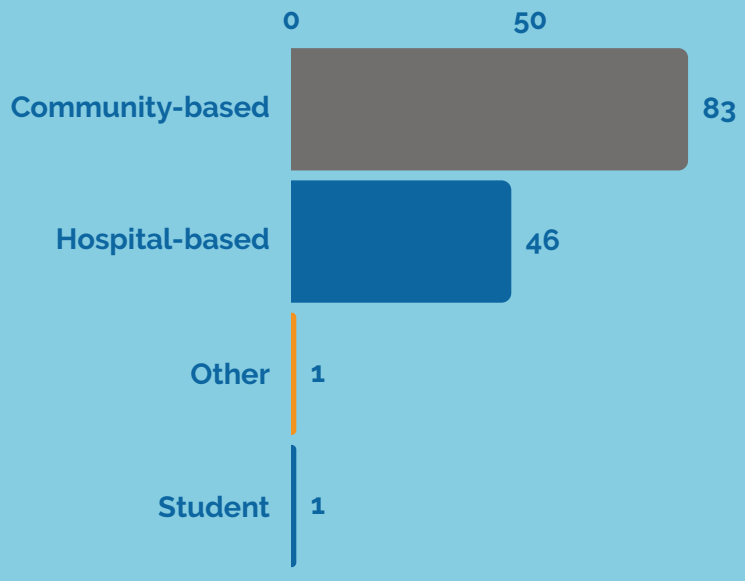
In addition, we sit on the Healthier Pregnancies, Better Lives workgroup which was established by the Queen's Nursing Institute.

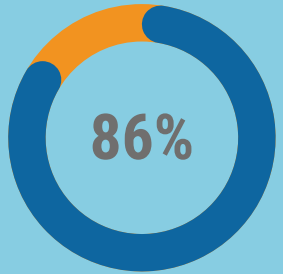
Results of Survey Data

Survey participants by Health Board Area



Survey participants by area of work





Midwives were aware of their services' referral pathway to smoking cessation services

What Gets in the Way: Talking About Smoking and Vaping in Pregnancy

Uncertainty around safety of vaping

Myths

Lack of knowledge

Stigma and judgement or misreporting

Uncertain of alternatives

Lack of support at home

Barriers to Engagement

- Midwives frequently reported uncertainty in addressing vaping during pregnancy, stemming from inconsistent guidance and limited evidence or knowledge.
- This was followed by the challenge of addressing common misconceptions expressed by pregnant women, such as: "My mum smoked when she was pregnant with me, and I turned out fine," or "Smoking calms me down, and quitting will stress my baby."
- Another significant barrier was pregnant women misreporting how much they smoke, with survey respondents highlighting these issues: "honesty from patients (is a barrier), as that is what we rely on" and "they tell you what they know you want to hear."
- Stigma and judgement were frequently mentioned, as reflected in comments such as: "There is a level of stigma attached to smoking, and women can feel defensive about their choices."
- Midwives reported that they were unsure of the use of alternatives, particularly when it comes to Nicotine Replacement Therapy (NRT) safety during pregnancy. They expressed a need for more guidance on: "how to give women advice on the use of vapes in pregnancy and the risks etc.",

"Vaping is a big issue as smoking cessation will not provide support and it's becoming more prevalent with very little research on the dangers (especially in pregnancy)."

"Women feel judged and don't always tell the truth due to this."

NHS Midwives

Confidence and Knowledge

- Midwives reported the **most confidence** in "directing pregnant women who smoke to stop-smoking services."
- Midwives reported the **least confidence** in "discussing e-cigarette use with pregnant women."
- Midwives reported the **most knowledge** in "smoking in pregnancy."
- Midwives reported the **least knowledge** in "e-cigarette use in pregnancy."

"Some women are very keen to stop or reduce in pregnancy, however some women are against trying patches or nicotine replacement options even when offered. I feel having more easily accessible information on these products and the benefits would be great."

"My own lack of knowledge is a barrier."

NHS Midwives

Outreach Methods

- Some boards reported using a blocked number to call or text pregnant women as part of the referral to cessation services, though this was seen as a potential barrier to engagement, as such calls are less likely to be answered.
- Some health boards do not offer face-to-face appointments since the COVID-19 pandemic.
- While some health boards allow pregnant women up to three opportunities to engage with support services, others reported offering fewer attempts.
- The timing of contact by health boards varied, with some aiming to reach out within 24 to 48 hours, while others allowed up to three weeks.

These variations in referral practices highlight the need for a more standardised, person-centred approach that prioritises timely communication through channels preferred (traditional and/or digital) by pregnant women.

> **NICE guidelines** state: "If necessary, make at least 3 contacts using different methods."
>
> Our findings suggest that these guidelines are not being followed across all health boards in Scotland.

Language Used and Approaches to Offering Support

- When speaking with pregnant women who smoke about the health impacts to the baby, terms: 'low birth weight', 'development impacted', 'small but fragile', 'under-developed', 'weak', and 'growth restricted' were used across Scotland.
- In discussions with health board representatives, we explored how the question about requiring further support is currently phrased. Some boards noted that this wording is under review.
- Midwives reported that pregnant women who smoke often find it unhelpful to be told to stop without being offered any meaningful support to help them do so.

These insights underscore the importance of consistent, supportive communication around the risks of smoking in pregnancy, the need to frame referral to cessation support as a routine part of care, and the value of offering meaningful, proactive assistance rather than relying on directive messaging alone.

ASH Scotland's position is, rather than asking pregnant women if they would like to be referred, the need for support should be treated like **any other health issue** — where referral is the standard course of action.

Referral Pathways

- Most (86%) midwives were aware of their referral pathway for pregnant women who smoked to smoking cessation services.
- Midwives' perspectives of their referral pathway varied significantly, ranging from positive to negative, as reflected in the accompanying quotes below.
- Midwives requested feedback on patients' engagement with stop smoking services. There was variability across health boards regarding whether this feedback is available to midwives.
- Across Scotland, differences were evident in how often Carbon Monoxide (CO) monitoring is used, and views on the effectiveness of CO monitoring. Midwives also reported that "CO monitors are often not working or not available."
- 13/14 health boards use BadgerNet as their patient database system. Not all health board representatives have access to BadgerNet as a means to provide or access resources.
- Some health boards reported that they currently lack the capability to record the number of pregnant women who disclose vaping.

"I like that we can refer through BadgerNet as it makes things much easier."
"It would be very helpful to have BadgerNet referral."
"Staff are unaware of the referral pathway."
"We need pathways for women who vape."
NHS Midwives

Incentive Schemes and Opt-out Systems

- 3 out of 14 health boards currently use incentive schemes and several said they previously ran incentive schemes.
- 2 health boards are currently trialling incentive schemes.
- 10 out of 14 health boards use an opt-out referral process.
- 2 health boards confirmed they use an opt-in system.
- 2 respondents were unsure what kind of referral pathway their area utilises.

"Provide an opt-out referral to receive stop-smoking support for all pregnant women who say they: smoke or have stopped smoking in the past 2 weeks; or have a carbon monoxide reading of 4 ppm or above; or have previously been provided with an opt-out referral but have not yet engaged with stop-smoking support."

"Advise the maternity booking midwife of the outcome."

NICE Guidelines

While we recognise that each health board must maintain flexibility in setting local priorities, ASH Scotland encourages the adoption of an opt-out referral process as a consistent and proactive approach to supporting individuals.

Resources

- Midwives and health board representatives stressed the need for **both** paper and digital resources.
- They stated that resources must be available across multiple languages, and must be easily accessible for pregnant women and their support networks.
- Health board representatives most often cited the IQUIT resource. This booklet was updated in February 2024 and is only available online.
- If not given the direct link to the IQUIT booklet, pregnant women should be advised to google **IQUIT Scotland**, to avoid links to other international programmes, or being directed to vape shops appearing on the search page.
- Some boards have a team that create their own resources and other health boards state that they do not have staff to create resources and would be open to working with ASH Scotland to review and disseminate new resources.
- In response to questions about which support services they recommend to pregnant women who smoke or vape, midwives most commonly mentioned directing to smoking cessation services, followed by pharmacies.
- All pregnant women should receive **Ready Steady Baby,** this resource (as of 2025) is going through an update.
- Other resources named included: **Carbon Monoxide Smoking and Your Baby,** and **Give it Up for Baby.**
- Some midwives stated that they lack the time that is necessary to speak about resources,
- We received a further 46 suggestions for filling the gaps in resources as seen in the below quotes:

"Visual information would be helpful...TV adverts etc. TikTok."
"I find that animations are received very well."
"Maybe something more visual, like a video?"
"We need more info on NRT to be given out at booking, a specific leaflet."
"Yes we need updated literature please."
"How to give women advice on the use of vapes in pregnancy and the risks."
"Smoking and vaping and tips to stop, obvious visuals of impact."
Midwives

ASH Scotland identified significant confusion surrounding e-cigarettes use, largely attributed to conflicting messages regarding the use of e-cigarettes during pregnancy.

Requests for further training for Midwives

The MOST requested topics of further training:

- E-cigarettes.
- Nicotine Replacement Therapy (NRT).
- Practical actions to take when engaging with a pregnant woman who smokes and/or vapes.

The LEAST requested topics for further training:

- Use of carbon monoxide monitors training for midwives.

While health board representatives identified carbon monoxide monitor training as a key area for development, midwives considered it a low priority, indicating confidence in their existing knowledge and minimal perceived need for further training in this area.

> "I feel like regular refresher training on this area (smoking and vaping) would be beneficial for my role to encourage confidence when discussing this topic with women and their families."
> "Great to hear this research is being done - we need more training."
>
> **NHS Midwives**

Further support suggested for pregnant women who smoke

Support suggested by Midwives:

- Mental health support (counselling).
- Peer support e.g. based on social media, or face-to-face.
- Nicotine Replacement Therapy (NRT).

Support discussed by health boards:

- Two health boards offer nicotine replacement therapy to pregnant women who vape.
- One health board offered both behavioural support and NRT for pregnant women who smoke, and for those who vape.

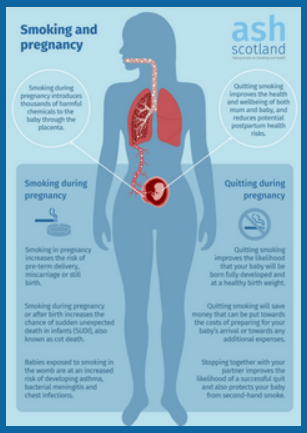
> "Counselling is very effective but not offered."
> "There's not enough psychological support.'
> "Peer support group for women to support each other that smoke."
>
> **NHS Midwives**

ASH Scotland's actions based on our findings

Development of resources:

- Nicotine Replacement Therapy in Pregnancy leaflet - a guide for midwives.
- Smoking in Pregnancy infographic.
- Smoking and Vaping in Pregnancy animation video.
- Updated our Smoking in Pregnancy briefing.

These resources were piloted with midwives and health board representatives across Scotland and have been updated to incorporate their feedback.



Development of a Smoking and Vaping in Pregnancy eLearning module:

The module is for those who work with pregnant women who smoke and/or vape.

The planned outcomes of the eLearning module is to:

1. Increase knowledge about the effects of smoking and vaping during pregnancy.
2. Equip those that work with pregnant women with evidence-based strategies and practical skills, including dispelling myths, A key focus is on promoting non-judgemental, compassionate conversations that help reduce stigma and challenge assumptions to support smoking cessation.
3. Increase knowledge about NRT use in pregnancy, the importance of language used with pregnant women who smoke and CO monitoring during pregnancy.
4. Increase knowledge about support available to pregnant women who smoke and/or vape.
5. Build confidence when faced with discussing smoking and vaping cessation with pregnant women with the goal of empowering midwives to offer informed, respectful, and effective support..

This module is now live and can be found at our eLearning site (QR code below).

ASH Scotland has established partnerships with Edinburgh Napier University, the University of the West of Scotland (UWS), and Robert Gordon University (RGU) to enhance midwifery training through tailored resources. We are developing a workshop for university students who may go on to support pregnant women. This session will equip them with the knowledge and confidence to discuss nicotine cessation with expectant mothers.

We plan to develop additional resources focusing on second-hand smoke and aerosol exposure, and the role of support networks in maintaining a smoke-free environment.

We remain committed to ongoing collaboration with Public Health Scotland and Healthier Pregnancies, Better Lives, to further support nicotine cessation efforts.

ASH Scotland's Resources

ASH Scotland's eLearning Modules

Discover our engaging, interactive modules designed for youth workers, educators, and professionals:

- **Behaviour Change:** Strategies to support positive choices.
- **Understanding Tobacco:** Key facts and impacts.
- **Secondhand Smoke:** Risks and prevention.
- **Tobacco and Cannabis:** Exploring connections.
- **Smoking and Young People:** Addressing trends and influences.
- **Vaping and Young People:** Insights into vaping culture.
- **Smoking and Problematic Substance Use:** Understanding links.

Additional Resources

- **Tobacco-Free Generation Pack:** Practical tools for youth workers and schools, available on our eLearning platform.
- **Coming Soon! Nicotine Pouches eLearning:** Stay tuned for our latest module.

Scan Me

ASH Scotland's Charter for a Tobacco-free Generation

Charter

Tobacco-Free Generation
Be part of Scotland's journey towards a nicotine-free future.

Scan the QR code to sign up to the Charter and stay up to date with the latest initiatives, news, resources, campaigns, and events.
#GetChartered

Next steps

Year 1 of this project has been both interesting and in some cases, surprising. Thanks to the input from NHS Health Board representatives and midwives across Scotland, we have a better understanding of the current services provided, where things are working well and areas that can be improved.

Key findings from our first year of our Smoking in Pregnancy:

- Quitting smoking and reducing nicotine dependency is the best thing a pregnant woman can do for their health, and that of their baby,
- Efforts to discourage prenatal smoking and vaping should be intensified, particularly in areas of greatest health inequalities.
- There is a need for updated resources in various formats.
- There is a need for a national consensus statement in relation to vaping during pregnancy to help reduce confusion among midwives when speaking to, and advising, pregnant women who vape.

Year 2:

- Continue to monitor the needs of services and respond to any emerging requirements.
- Evaluate our three new resources.
- Evaluate our new midwifery workshop.
- Continue work with Healthier Pregnancies, Better Lives, and Public Health Scotland.

Acknowledgement and thanks to our funders:

ASH Scotland grateful for the financial support the organisation has received from the Scottish Government that has allowed us to continue to deliver projects to tackle health inequalities and and address harms caused by the use of tobacco and nicotine products.

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www.ashscotland.org.uk/smoking-pregnancy