



STARTING IN A FEW MINUTES AT 15:30

Smoking in Pregnancy and Beyond: progress, challenges and opportunities

18 September 2025

#iHVInsights

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Welcome



Make the most of the opportunity



Enjoy the whole hour



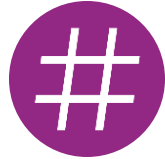
Ask - type your questions to the panel as you think of them during the presentations – use the Q&A function:

- **Name of presenter** you would like to answer your question
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- Access recording of live session after the event on our website (no recording on other devices is allowed)
- Attendance at this event and engagement with the iHV reflection template will support you with demonstrating CPD activities that align to the 2022 NMC Standards of Proficiency for SCPHN Health Visiting.

The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

#iHVInsights

Smoking in Pregnancy and Beyond: progress, challenges and opportunities

Agenda



Welcome

- Vicky Gilroy - Director of Innovation and Research, iHV

Guest Speakers

- John Waldron - Policy and Public Affairs Manager, Action on Smoking and Health (ASH)
- Professor Caitlin Notley - Professor of Addiction Sciences, University of East Anglia

Film

- Parent experience of Baby Breathe

Q&A with Speakers

Close and Evaluation

Next speaker



John Waldron

Policy and Public Affairs
Manager, Action on Smoking
and Health (ASH)



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Use the Zoom Q&A function

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Smoking in pregnancy
challenge group ●

ash.
action on smoking and health

National data on smoking during pregnancy

John Waldron

Policy and Public Affairs Manager

September 2025

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

Who we are

- ASH is an independent public health charity working to end the harms from smoking.
- ASH coordinates the [Smoking in Pregnancy Challenge Group](#), a coalition of third sector organisations, academics and professional membership bodies which has campaigned for policies to reduce rates of maternal smoking since 2012.

Our approach:

1. National advocacy and campaigning
2. Practical support and guidance for health professionals

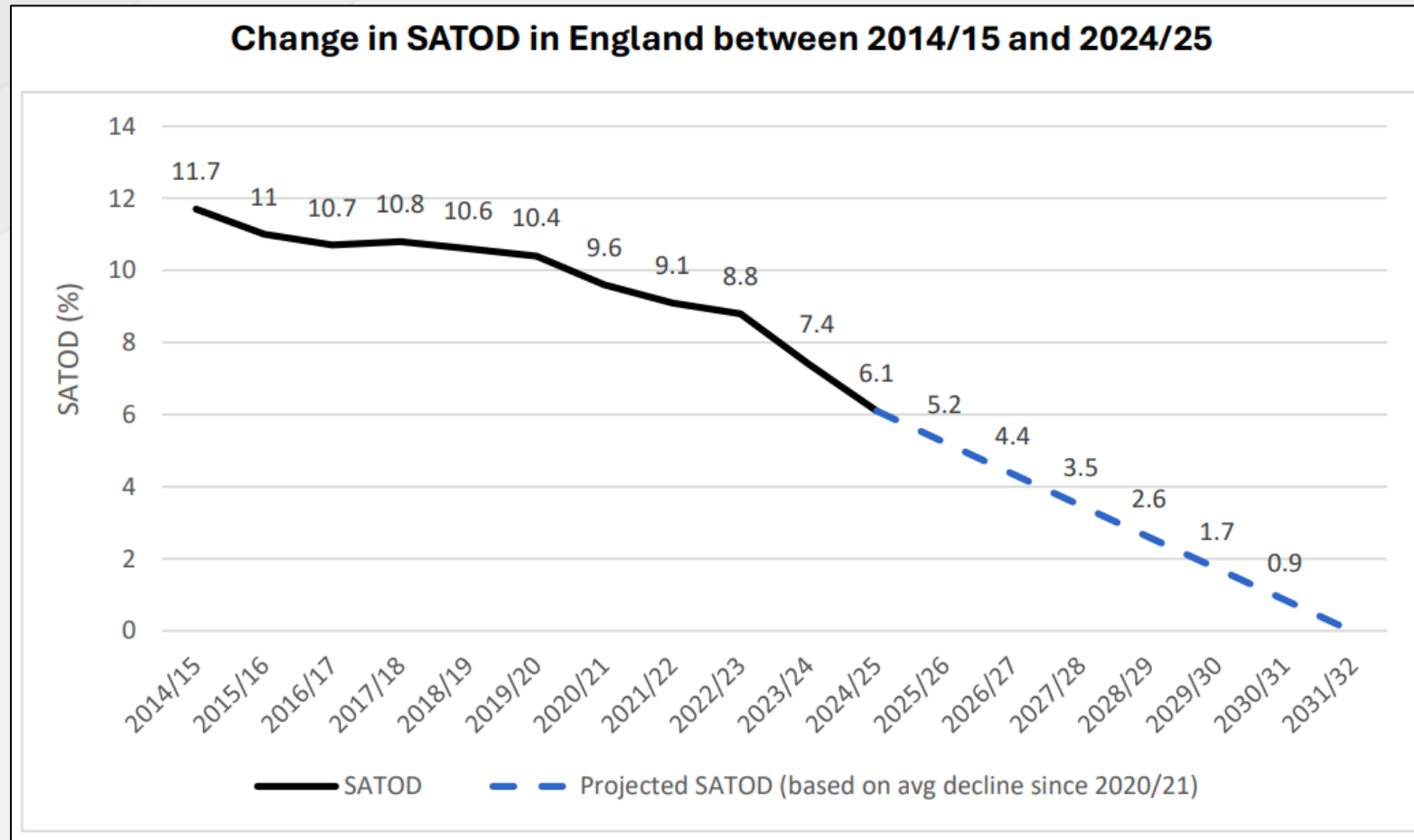
Disclaimer: ASH has no affiliation with e-cigarette or tobacco manufacturers.

Why smoking matters

	Maternal Smoking	Secondhand smoke exposure
Low birthweight	2 times more likely	Average 30-40g lighter
Heart Defects	25% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Possible increase
Miscarriage	32% more likely	Increased risk
Sudden Infant Death	3 times more likely	45% more likely

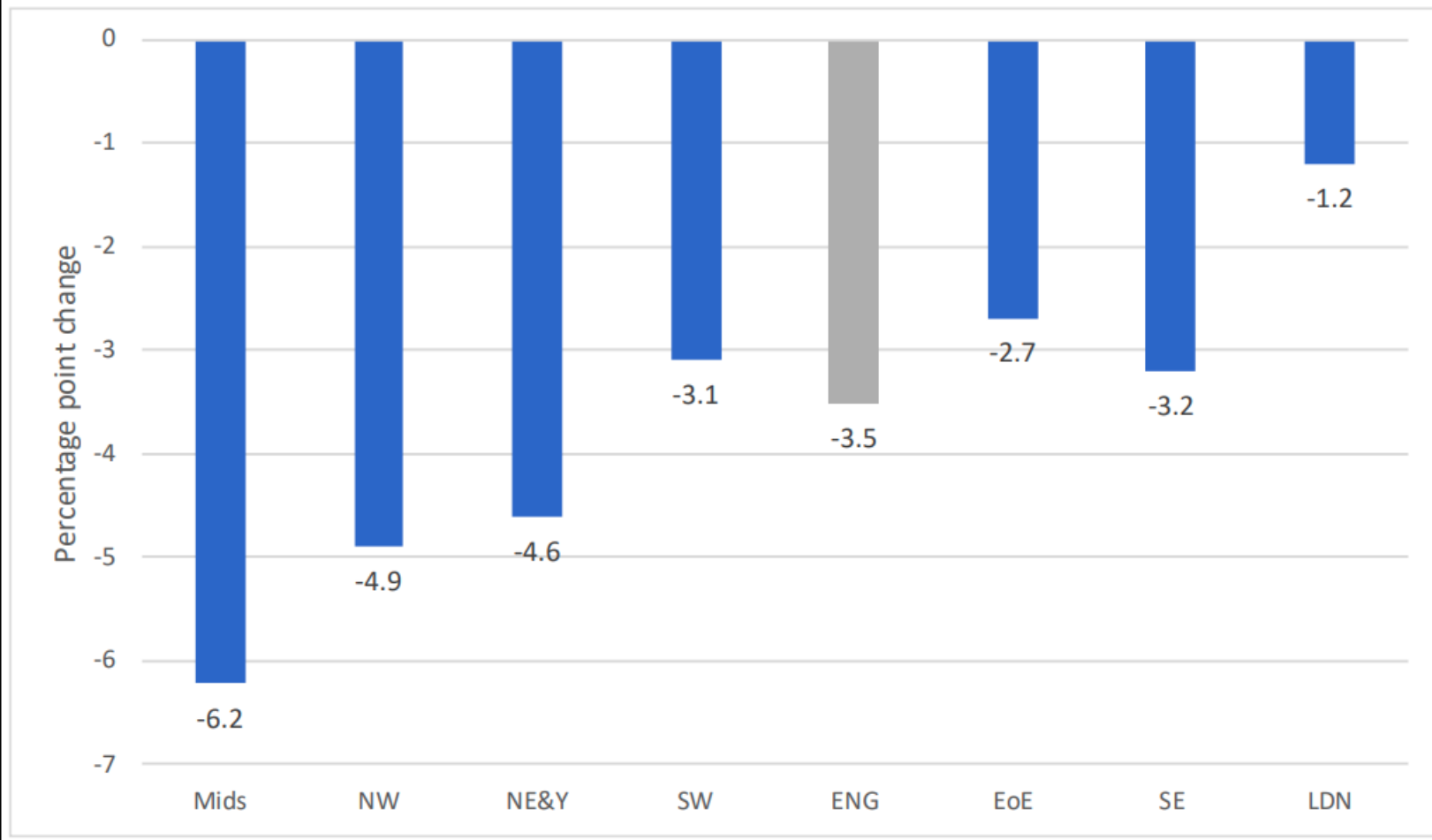
Source: Zhao L et al. Parental smoking and the risk of congenital heart defects in offspring: An updated meta-analysis of observational studies. 2020; RCP. Hiding in plain sight: treating tobacco dependency in the NHS. 2018; Pineless BL et al. Systematic review and meta-analysis of miscarriage and maternal exposure to tobacco smoke during pregnancy. 2014; RCP & RCPCH. Passive Smoking and Children. 2010

SATOD modelling



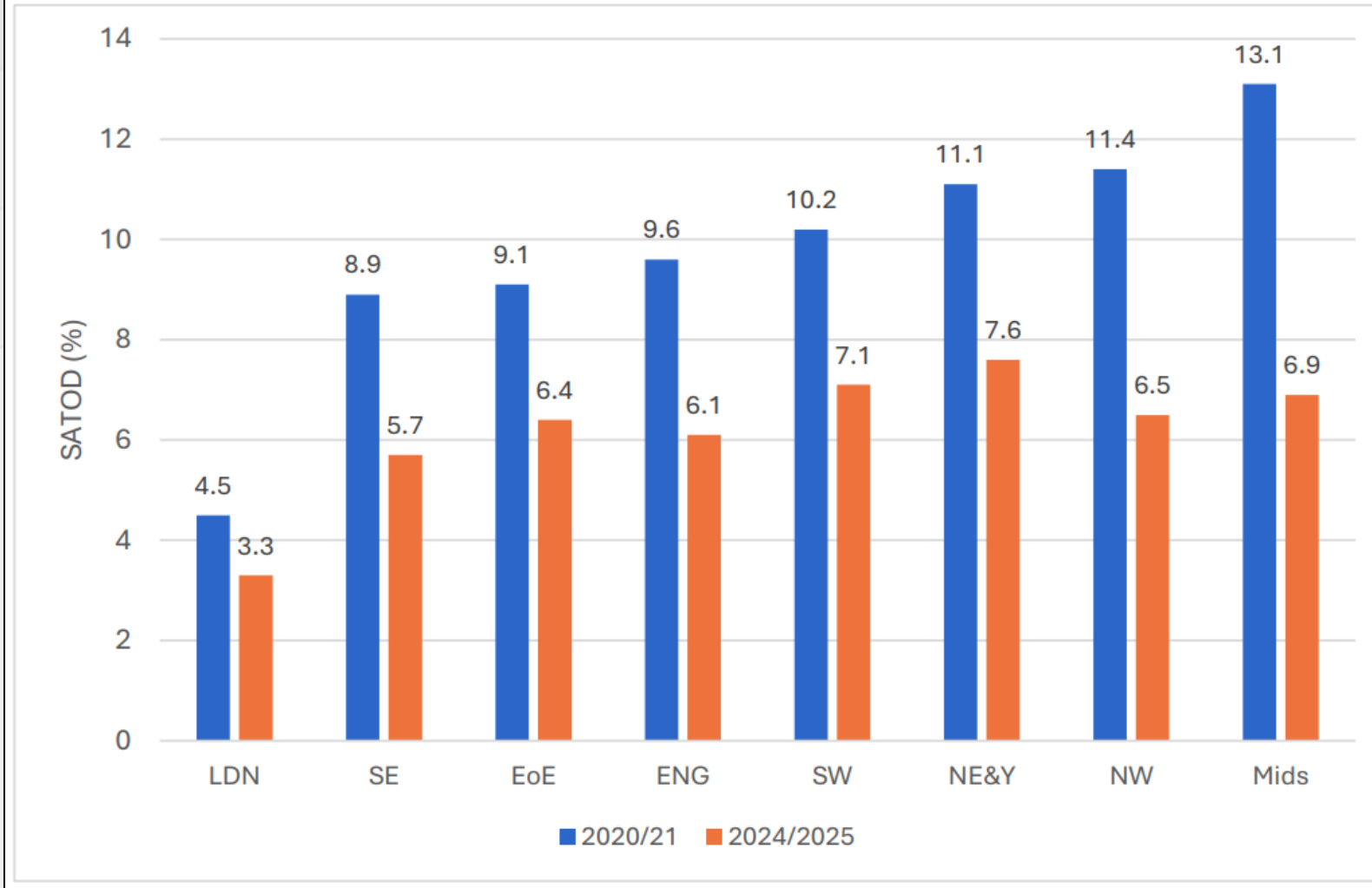
- SATOD (Smoking At Time Of Delivery) has declined by over a third since 2020/21
- SATOD flatlined between 2015 - 2020
- Rollout of dedicated quit support in maternity services shifted the dial
- Demonstrates that provision of evidence-based stop smoking support works

Change in SATOD by NHS region between 2020/21 and 2024/25



- SATOD has declined in every region in England since 2020/21
- The biggest decline was in the Midlands, followed by the North West and the North East & Yorkshire

Comparison of SATOD by NHS region in 2020/21 and 2024/25



- **Narrowing inequalities:** Regions starting off with the highest SATOD rates, like the Midlands and the North West, have experienced the biggest declines.
- Major progress has been made in reducing smoking during pregnancy. But we need more focus on preventing relapse postnatally to protect parents, children and future pregnancies.

Next speaker



Professor Caitlin Notley

Professor of Addiction Sciences,
University of East Anglia



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PREVENTING RETURN TO SMOKING POSTPARTUM – A RANDOMISED CONTROLLED TRIAL

Professor Caitlin Notley

Babybreathe team: Bauld, L, Clark, A, Duneclift, S, Gilroy, V,
Holland, R, Naughton, F, Howard, G, Ussher, M, Harris, T, Clarke, L, Belderson, P, McKell, J,
Sharp, C, Clifford-Taylor, L, & Wharlich, C.



c.notley@uea.ac.uk



[@AddictionUEA](https://twitter.com/AddictionUEA)



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FUNDED BY

NIHR | National Institute
for Health Research

Why is BabyBreathe important?



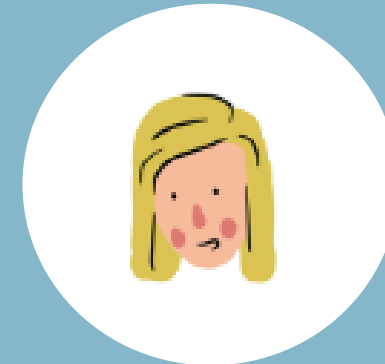
22% OF PEOPLE REPORT
SMOKING IN THE 12 MONTHS
BEFORE PREGNANCY

MANY QUIT DURING PREGNANCY
BUT UP TO 75% OF PEOPLE WHO
QUIT RESTART AFTER THEIR
BABIES ARE BORN



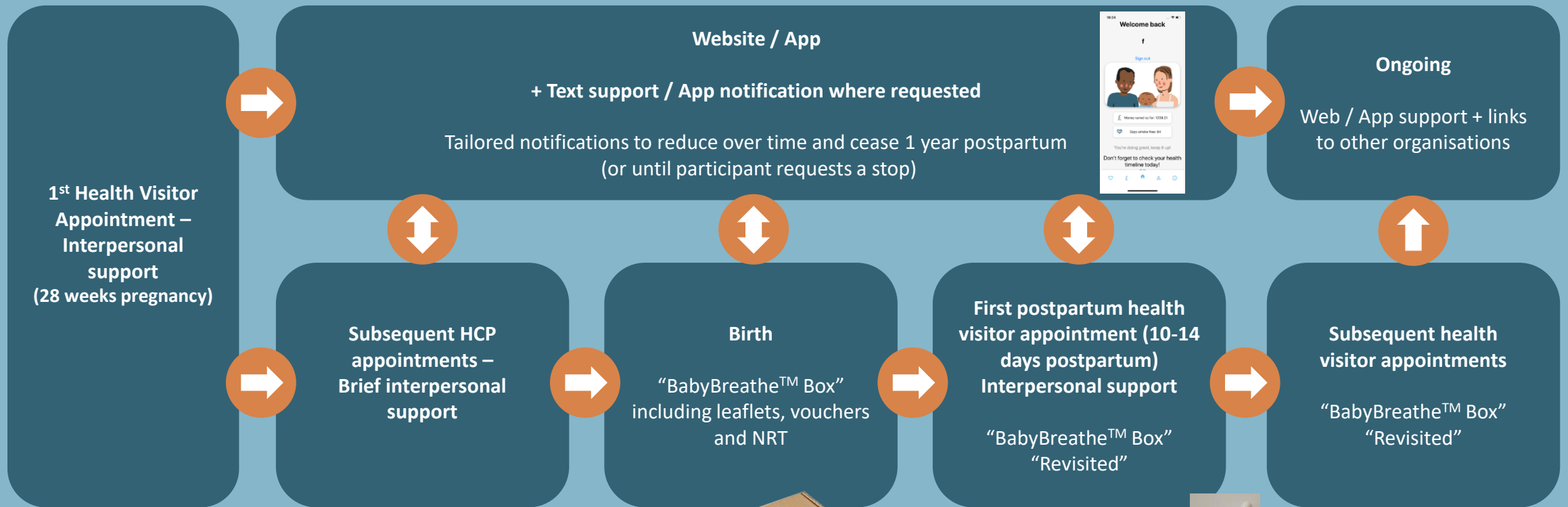
THERE IS NO ROUTINE SUPPORT
FOR SUSTAINING SMOKING
ABSTINENCE

POLICY FOCUS ON PREVENTION
AND PARTICULARLY SMOKING
CESSATION IN PREGNANCY



IF WE CAN REDUCE POSTPARTUM
SMOKING RELAPSE THERE ARE
SIGNIFICANT ECONOMIC AND
HEALTH BENEFITS FOR PARENTS,
INFANTS, FAMILIES AND WIDER
SOCIETY

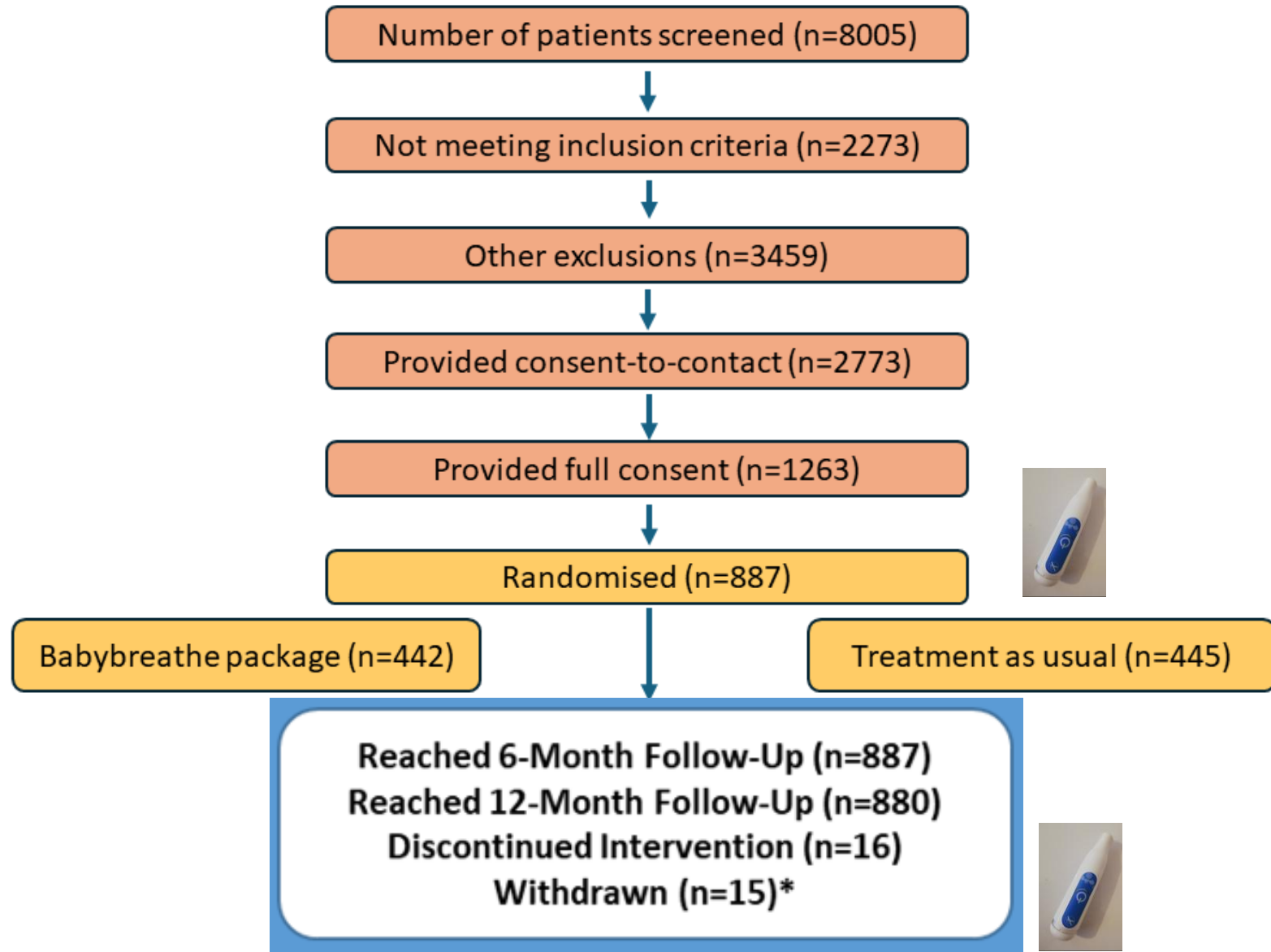
BabyBreathe intervention pathway



Consort

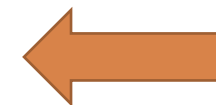
Recruitment rates

Consent to contact – Full consent = 45.5%
Full consent – randomised = 70%



Results: Baseline Characteristics

	ITT (excluding post-randomisation exclusions)		
	Control (n=445)	Intervention (n=441)	Total (n=886)
Age, mean (SD)	29.29 (5.16)	29.08 (5.52)	29.19 (5.34)
Number of days into pregnancy when recruited, mean (SD)	174.84 (56.52)	169.85 (51.23)	172.36(53.98)
When did you quit smoking			
Before pregnancy, n(%)	142 (31.9%)	143 (32.4%)	285 (32.2%)
During pregnancy, n(%)	302 (67.9%)	298 (67.6%)	600 (67.7%)
Partner smoking status			
No partner, n(%)	27 (6.1%)	32 (7.3%)	59 (6.7%)
My partner currently smokes tobacco	155 (34.8%)	155 (35.1%)	310 (35.0%)
Highest qualification			
None, n(%)	6 (1.4%)	6 (1.4%)	12 (1.4%)
GCSE, n(%)	117 (26.3%)	115 (26.1%)	232 (26.2%)
A-level, n(%)	127 (28.5%)	118 (26.8%)	245 (27.7%)
Degree, n(%)	181 (40.7%)	193 (43.8%)	374 (42.2%)
Use an e-cigarette to help you stop smoking?			
No, n(%)	283 (63.6%)	265 (60.1%)	548 (61.8%)
Yes, n(%)	161 (36.2%)	176 (39.9%)	337 (38.0%)





Primary Outcome

Biochemically validated smoking cessation at 12 months postpartum

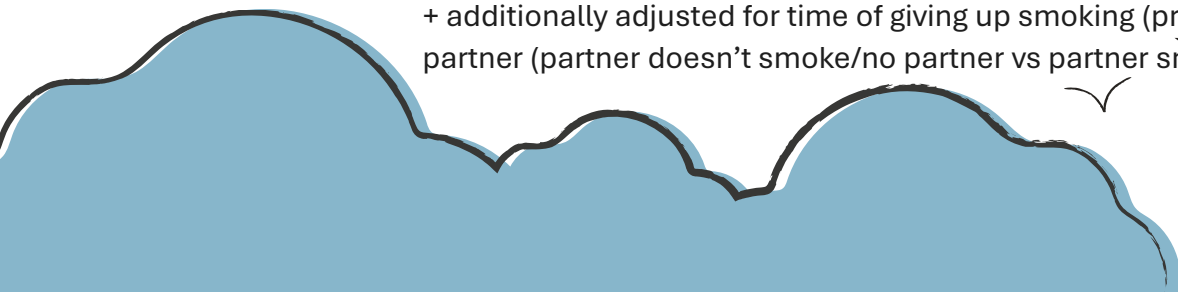
Outcome	ITT population		Fully adjusted ⁺		
	Control (n=445)	Intervention (n=441)	Odds Ratio (95% CI)	p-value	Difference in risk (95%CI)
12 Month abstinence	222 (49.9%)	242 (54.9%)	1.23 (0.94, 1.60)	0.133	4.8 (-1.7, 11.2)



- **5% more in the intervention group stayed smoke free for 12 months**
- **This difference is not statistically significant**

* adjusted for randomization arm and site only

+ additionally adjusted for time of giving up smoking (pre-pregnancy vs during pregnancy); use of e-cig in the previous week (yes/no) and smoking status of partner (partner doesn't smoke/no partner vs partner smokes)





Secondary outcomes – smoking abstinence at 6 & 12 months

Outcome	ITT population		Fully adjusted ⁺		
	Control (n=445)	Intervention (n=441)	Odds Ratio (95% CI)	p-value	Difference in risk (95%CI)
6 month abstinence	309 (69.4%)	320 (72.6%)	1.17 (0.87, 1.57)	0.306	2.1 (-3.8, 7.9)
12 Month abstinence	275 (61.8%)	296 (67.1%)	1.27 (0.96, 1.68)	0.098	5.3 (-0.8, 11.5)

Much higher than anticipated proportion of control group stayed smoke-free (original estimate 25%)

- 5% more in the intervention group stayed smoke free for 12 months
- This difference is not statistically significant

Per Protocol analysis – what did people actually receive?

				Minimally adjusted (only for stratification variables)*			Fully adjusted ⁺		
	Outcome	UC(n=445)	BB (n=441)	Odds Ratio (95% CI)	p-value	Difference in risk (95%CI)	Odds Ratio (95% CI)	p-value	Difference in risk (95%CI)
12 Month abstinence [PP analysis]	222 (49.9%)		200 (57.6%)	1.35 (1.02, 1.78)	0.035	7.6 (0.6-14.5)	1.36 (1.02, 1.81)	0.035	7.2 (0.3-14.1)

Statistically significant difference in outcomes for those who received the intervention as intended

Process evaluation results: Elements of support package

Interpersonal support

- Practitioners and participants described the support as non-judgmental and positive in tone
- Some HV resistance to suggesting vapes for relapse prevention: *“I didn't ever recommend vaping because I do have massive concerns”* [BB health visitor]
- 94/442 (approx. 20%) intervention participants did not receive any interpersonal intervention.

Tailored text messages:

- High levels of programme completion: (75%)
- Most feedback was positive: *“Like having a supportive friend”*

Website and app:

- Only 9% of intervention participants created an account to use the intervention app.
- 32% of intervention participants accessed the website. Interviews suggest that use of website tended to be a 'one off' rather than sustained.

Gift box and leaflets

- Positively received:
 - **Reinforcement:** BB branding as *‘A positive reminder’*
 - **Sharable** with partners and others
 - **A physical resource:** *“an actual physical acknowledgement that you've done something...keeps you going”*

Positive response to the intervention: key themes

Positive encouragement and reinforcement

"Because of the Babybreathe, this time round it just felt like I had someone egging me on to say 'Yeah, you can do this'"

Autonomy and choice

"It didn't kind of try and steer you to one method. It was quite: 'These are the options that are available to you. You need to do whichever one works for you'."

Accountability:

"Somebody watching me or reporting on how I'm doing, it gave me the discipline."

Sense of collective:

"It was definitely a helping hand to have Babybreathe by my side through that and to feel like I'm a part of something, not just going through it alone."

Direct offer of support

"I'm not the type of person to reach out but I got the opportunity"

Non-judgmental support

"I really appreciated the whole tone of it because you've got enough going on having a newborn without feeling like you're being judged for the fact you're trying to stop smoking. That that helped a lot."

Snowball effects/ social support

"[Babybreathe] definitely helped me, and because [partner] seen such a change in me, it's made him consciously make a change in himself. Also the kids, it's everyone noticing in the family like trying to help each other really"

iCO Carbon monoxide monitors

- **Acceptability:** Participants found the device easy to use
- **Personal use:** aside from submitting trial readings
- **Accountability** – motivational tool
- **Increased understanding** of risks of smoking
- **Social comparison:** comparing readings with others

Having the monitor, is a bit of an incentive. I felt like if I was struggling...that would just keep me accountable and keep me on that path to smoke free



Conclusion and Initial interpretation

- Positive direction of effect, but no significant difference between groups
- Per-protocol analysis did however demonstrate significant difference
- **Babybreathe intervention worked to support long term smoking abstinence over usual care when delivered as intended**
- BUT
- High smoking abstinence overall at 12 months (much higher than expected)
- Motivated population?
- High baseline E cig use across groups (relapse prevention strategy?)
- Intervention fidelity concerns (digital and interpersonal)
- Intervention well received – implementation suggestions

Parent experience of Baby Breathe



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action on smoking and health

The vaping debate: current guidance and myth busting

John Waldron

Policy and Public Affairs Manager

September 2025

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

Why are we talking about vaping?

- Vapes are currently the [most popular](#) smoking cessation aid in Great Britain, used by [5.5 million](#) adults.
- Over half of those who stopped smoking in the last 5 years used a vape (2.4 million people). ([ASH/YouGov Smokefree GB survey](#))
- Many service users or household members will be using vapes to support a quit attempt or may express an interest in doing so.
- Vapes are increasingly used by stop smoking services in the NHS/local authorities to support people to quit smoking during and after pregnancy.
- It is important that healthcare professionals fully understand what vapes are and their role in smoking cessation, so that they can deliver evidence-based advice and support to people who smoke or vape.
- Chief Medical Officer, Sir Chris Whitty: *“If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.”*

Guidance

- Challenge Group guidance on vaping during pregnancy has been updated to cover the latest evidence/policy developments.
- Designed to support professionals to have evidence-based conversations and respond to concerns/questions.
- Our resources include:
 - Detailed FAQ-style briefing for professionals
 - Key messages briefing for professionals
 - Infographic for patients
- Available online here: <https://ash.org.uk/resources/view/use-of-electronic-cigarettes-before-during-and-after-pregnancy-leaflets-and-infographics>

Endorsed by:





Frequently asked questions & suggested responses

General Information

1. What are vapes?

Vapes, also called e-cigarettes, are designed for users to inhale nicotine through an aerosol commonly referred to as vapour, rather than smoke. They work by heating a solution that typically contains nicotine, propylene glycol and/or vegetable glycerine, and flavourings. They come in many different shapes and sizes, ranging from disposable, single-use products (which are due to be banned in England, Scotland and Wales) to larger devices which users can adapt and fill with their own liquid, as well as compact 'pod' systems which use e-liquid capsules. Unlike cigarettes, vapes don't contain or burn tobacco and don't produce tar or carbon monoxide, which are known to be very harmful to babies. For data recording purposes, a woman who has stopped smoking completely and switched to vaping is classified as a non-smoker.

Single-use, disposable vapes have become increasingly popular over the last few years. These products contain the same ingredients as reusable vapes and work the same way. However, they typically cannot be refilled once they run out and should be recycled, not thrown away. **Single-use vapes are due to be banned in England, Scotland and Wales from 1st June 2025. People using single-use vapes should be encouraged to switch to a re-usable vape before the ban takes effect.**

People can find their nearest vape recycling point here: <https://www.recycleyourelectricals.org.uk/how-to-recycle-electronics/what-electronics-can-be-recycled/recycle-vapes/>

Further info:

4

Vapes generally consist of a battery, a vaporising chamber and e-liquid. The liquid can be

contained in a sealed cartridge or can be added by the user into a refillable tank. Vapes are not the same as heated tobacco or heat-not-burn products. Unlike vapes, heated tobacco products contain tobacco and although likely to be less harmful than cigarettes, they are not harmless. It is recommended that pregnant women stop using tobacco completely and maximise the benefits to their health.

2. How safe are vapes?

The most recent **evidence review** commissioned by the Office for Health Improvement and Disparities (OHID) in 2022 concluded that vaping poses a small fraction of the risks of smoking in the short and medium term. However, vaping is not risk-free, particularly for people who have never smoked.²⁰ For pregnant women, one large trial found that vapes were more effective than nicotine patches for smoking cessation.⁴ A secondary analysis found that regular use of vapes or NRT during pregnancy does not appear to be associated with any adverse effects in mothers or their babies.⁴ NRT products like nicotine patches are licenced for use during pregnancy. NICE states that NRT 'should be considered alongside behavioural support, at the earliest opportunity in pregnancy and continued after pregnancy if needed'⁵

Although e-cigarette vapour has been found to contain some toxicants also found in tobacco smoke, these are either at much lower levels or at levels not associated with serious health risk.²⁰ Most importantly, vapes do not contain tobacco or carbon monoxide, which is particularly harmful to developing babies. The risk of fire caused by vapes is significantly lower than the risk posed by combustible cigarettes.²⁰

Further info:

A 2022 **NIHR-funded randomised control trial** looking at the safety and efficacy of vapes

Briefing for professionals

- FAQ style
- Includes suggested responses and supporting evidence
- Detailed version and shorter key messages leaflet

Vaping during pregnancy



smoking in pregnancy challenge group

How safe are vapes?

- Vapes (e-cigarettes) are significantly less harmful to health than tobacco cigarettes
- If using a vape (vaping) helps you stay smokefree, it is far safer for you and your baby than continuing to smoke
- Vapes should not be used by children or non-smokers

You should only use legal vapes purchased from a reputable source. Illegal vapes often exceed restrictions on nicotine content and may contain banned ingredients.

Can I use a vape to help me quit smoking?

- Yes, vapes can help you to quit and are much less harmful than smoking
- Nicotine replacements such as patches and gum are licenced for use during pregnancy

Can I keep smoking a little bit if I'm also vaping?

- NO - Every cigarette causes damage both to you and your baby
- Stopping smoking early in pregnancy significantly reduces the risk of damage to your baby
- You can vape as often as you need to stay smokefree

Is secondhand e-cigarette vapour harmful?

- There is no evidence of harm to others from e-cigarette vapour, although you could consider not allowing vaping in your home and car as a precaution
- Secondhand tobacco smoke is very harmful to you and your baby

Is nicotine harmful for my baby?

- Both vapes and cigarettes contain nicotine, which makes them addictive. However, most of the harm from smoking comes from the other chemicals in tobacco smoke. Nicotine replacement products like patches and gum are licenced for use during pregnancy

Can I vape if I'm breastfeeding?

- Yes. If vaping is helping you to quit smoking and stay smokefree, you should carry on with it, including while breastfeeding. As a precaution, you could avoid vaping directly around babies when feeding them

Vaping is far less harmful than smoking

- Nicotine in cigarettes is addictive, but almost all of the harm from smoking comes from the toxic chemicals in tobacco smoke
- Vapes don't produce tar or carbon monoxide which is the most harmful part of smoking for developing babies
- As well as being less harmful, vaping can be much cheaper than smoking

For more info on quitting smoking ask your midwife, GP or pharmacy team or search NHS Smokefree.



Infographic for patients

- FAQ style
- Includes key info for parents and families

Key messages

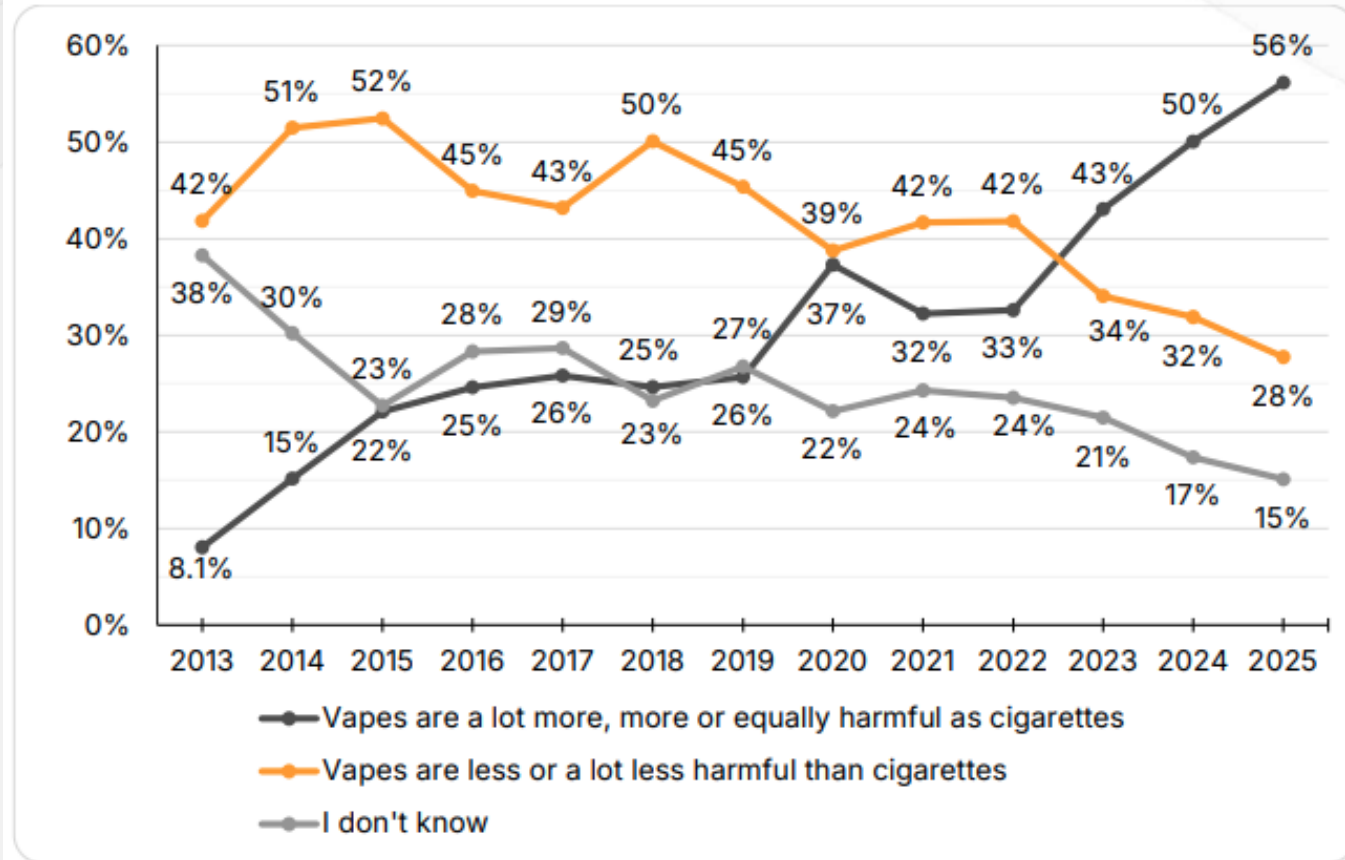
- In the short and medium term, vaping poses a small fraction of the risks of smoking. However, vaping is unlikely to be risk-free, particularly for people who have never smoked. We do not have data on the long-term health impact of vaping – though it is likely to be far less than for smoking.
- While licensed NRT products such as nicotine patches, gum and inhalers are the recommended option, vapes appear to be more effective for smoking cessation during pregnancy than nicotine patches. Regular use of vapes or NRT during pregnancy does not appear to be associated with any adverse effects in mothers or their babies. **If a pregnant woman chooses to vape and if that helps her to quit smoking and stay smokefree, she should be supported to do so.**
- Unlike cigarettes, vapes don't contain or burn tobacco and don't produce tar or carbon monoxide, which are known to be very harmful to babies.
- **Many services have integrated vaping into their stop smoking support offer for pregnant women. This should not be discouraged if it is helping women to quit smoking and stay smokefree.**

Key messages

- **Youth vaping** – Vaping is an effective quitting aid for adult smokers but should not be used by under-18s. It is illegal to sell/provide vapes to someone aged under 18.
- **Nicotine** – While nicotine can be addictive, it is not associated with the vast majority of the harms from smoking. Nicotine in the form of NRT is widely prescribed for smoking cessation to adults, pregnant women and can be prescribed to children aged 12+.
- **Non-smokers vaping** – Someone who vapes and has never smoked should consider quitting vaping as it is not risk-free and is addictive.
- **Vaping cessation** – People who have quit smoking through vaping should be advised to keep vaping as long as necessary to stay smokefree. It is important not to pressure people to stop vaping as this may cause them to relapse to smoking.
- **Secondhand vapour** – There is no evidence of harm to others from e-cigarette vapour, although it is possible that longer term exposure may carry some low-level risk. Pregnant women/parents could consider not allowing vaping indoors or around children as a precaution. The key thing is that pregnant women and babies are not exposed to secondhand tobacco smoke which is very harmful.

(Mis)perceptions of harm

Figure 21. Perceptions of harm of vapes compared with cigarettes, GB adults who have heard of vapes (2013-2025)



- Vast majority of adults (and smokers) think vaping is at least as harmful as smoking
- Big shift since 2022, driven by increasingly sensationalist reporting on vaping
- This leads to:
 - Fewer people quitting smoking
 - More people dual using without fully switching to vaping
 - People who have switched to vaping relapsing to smoking

Where can I go for reliable information?

- ASH, Challenge Group, IHV – **if the evidence changes, our guidance will change**
- NICE [NG209] [recommends](#) vaping for smoking cessation
- NCSCT [guidance](#) on vaping for health professionals
- NHS website
- Royal College of Physicians 2024 [evidence review](#)
- Office for Health Improvement and Disparities 2022 [evidence review](#)

- Sensational media headlines about vaping are driven by the desire for more clicks and revenue – not public health. Health practitioners should base their advice on good quality evidence such as systematic reviews from reputable institutions/experts.

Incoming vaping regulations

Tobacco and Vapes Bill

- Will ban vape advertising and give government powers to regulate vape branding, packaging, flavours, colours and display to reduce appeal to children.
- Retail licensing and registration regime for the sale of tobacco and vapes.

Disposable vape ban – Disposable (single-use) vapes were banned in June.

Levy on vape e-liquids – Flat-rate tax of £2.20 per 10ml bottle of vape liquid, to be introduced from October 2026.

These measures will play an important role in addressing youth vaping and illicit/underage sales, while ensuring vapes continue to be available to help adult smokers quit.

Key links and resources

- Smoking in Pregnancy Challenge Group. [Vaping before, during and after pregnancy: leaflets and infographics.](#)
- ASH. [Vaping: what you need to know.](#)
- ASH. [Addressing common myths about vaping: Putting the evidence in context.](#)
- OHID. [Nicotine vaping in England: 2022 evidence update.](#)
- Hartmann-Boyce J. et al. [Cochrane review: Electronic cigarettes for smoking cessation.](#) 2022.
- Royal College of Midwives. [Position statement: Support to Quit Smoking in Pregnancy.](#)
- NCSCT. [E-learning: Vaping: a guide for healthcare professionals.](#)
- NCSCT. [Standard Treatment Programme for Pregnant Women.](#)
- NICE [NG209]: [Tobacco: preventing uptake, promoting quitting and treating dependence](#)

Questions?

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Website



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We will aim to answer as many questions as possible during the live session.

Use the Zoom Q&A function

- **Name of presenter** you would like to answer your question
- Brief **question**
- **Your name** (if you wish to do so)

Over to you!



Help us to tailor our events to meet **your** needs!

- Submit your anonymised responses to the poll
- What more can we do to support you in your practice?
- Email events@ihv.org.uk with any suggestions



Join us again!



**The power of asking:
Supporting families around alcohol use**

16 October 2025 – 15:30-16:30

#iHVInsights

www.ihv.org.uk

Future iHV Member Benefit Event Dates



TOPIC	DATE
Specialist Health Visitor PIMH SIG	7 October 2025
SCPHN Student Networking Event	21 October 2025
Retired Member Networking Event	4 November 2025
Practice Education Networking Event	5 November 2025

All future dates can
be found at:
bit.ly/4enHn2H



iHV Learning and Development in 2025




Perinatal and Infant Mental Health Champions (fully booked)

 30 September & 1 October



Fathers & Fathers' Perinatal and Infant Mental Health Champions

 14 October



Surviving to *Thriving*

Neonatal Families Ambassadors

 19 November



Our Air, My Lungs Ambassadors

 8 December



Emotional Wellbeing Visits Champions

 9 & 10 December



Discounted rates for
iHV members

Book today:



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<http://bit.ly/4mLxsrR>

Contact us at:
training@ihv.org.uk

Our Air, My Lungs: Respiratory Health Ambassador Training



Monday 8 December - 09:15-13:30



Suitable for health visitors and skill mix teams



Special reduced rate for iHV members



Our Air, My Lungs

Email:

training@ihv.org.uk

to register your interest

This programme aims to enable health visiting team members to become iHV Respiratory Health Ambassadors. Equipped with knowledge and understanding to become placed-based leaders in raising awareness of air pollution and its impact on health and chronic respiratory diseases in children under the age of 5-years.

The CPD Standards Office

CPD PROVIDER: 21481
2024 - 2026

www.cpdstandards.com



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Smoking in Pregnancy and Beyond: progress, challenges and opportunities

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Wednesday 3 December 2025 | London



iHV Leadership Conference

Leading Health Visiting: Creating the Future



Book your place



Hybrid Conference

Thank you so much for joining us



CERTIFICATE OF ATTENDANCE

This is to certify that



has attended the following 1-hour activity:

iHV Insights:

Delivered By:
INSTITUTE OF HEALTH VISITING

Date: :

This certificate should be kept within your CPD record and may be used as supporting evidence in revalidation with the Nursing and Midwifery Council.

CEO, Institute of Health Visiting

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iHV Insights Learning Record



Number of hours completed:	
ACTIVITY – What did you undertake? How many hours were participatory? How many hours were individual?	
LEARNING – What were your key insights from the activity?	
INFLUENCE ON PRACTICE – How will I use this knowledge, skill or experience in my practice? What difference will it make to me/ to children, young people, families and communities? Has this knowledge, new skill or experience changed your attitude or thinking, if so, in what way?	
FURTHER ACTIONS – What needs to happen for me to use this learning?	
LINK TO NMC CODE (2018) - Which theme or statement does my learning or development support and why?	
LINK TO STANDARDS OF PROFICIENCY (NMC, 2022) - Please identify the part or parts of the relevant standards that you used to inform your CPD	
ANYTHING ELSE TO NOTE:	

For further information, please access: <http://revalidation.nmc.org.uk/>

Continue your CPD!

After this event you will be able to access the following resources on the iHV website:

- A recording of this live session (no recording on other devices is allowed)
- This slide set
- Links and background reading
- A link to download a Record of Attendance & reflection template

Log in at www.ihv.org.uk and head to the Insights page