

Promoting smoke-free families



This Good Practice Point aligns to the [Nursing and Midwifery Council 2022 Standards of Proficiency for SCPHN Health Visitors](#) – in particular: **Sphere of Influence D: Population health – enabling, supporting, and improving health outcomes of people across the life course.**

Reducing smoking and second-hand smoke exposure can save lives, reduce health inequalities and help give every baby and child the best possible start in life. Health visitors are vital to these efforts, offering skilled, compassionate and evidence-based support to families. National legislation, NHS policy and local stop smoking services play a key role in tackling tobacco use, alongside tools such as carbon monoxide (CO) monitoring in pregnancy. Together, these measures support families to create smoke-free homes and protect the health and wellbeing of children across the life course.

Smoking – prevalence and impact on child and family health and wellbeing

Tobacco smoking remains the leading cause of preventable illness and death in the UK. [Evidence](#) consistently demonstrates national and regional variations in smoking prevalence, with particularly high levels among disadvantaged populations and in areas with historically poorer health outcomes, such as the North East of England and Scotland. Despite an overall decline in smoking since 2011, recent [research from University College London](#) has identified an increase in smoking among affluent young women aged 18–45, rising from 11.7% in 2013 to 14.9% in 2023. Meanwhile, smoking among disadvantaged women in the same age group has fallen, though it remains significantly higher overall, highlighting persistent inequalities.

Smoking contributes to multiple serious health conditions, including cancer, respiratory diseases, cardiovascular disease, and complications in pregnancy¹. For women of reproductive age, tobacco use is associated with reduced fertility, increased risk of miscarriage,

preterm birth, stillbirth, and adverse infant outcomes³. Smoking in pregnancy is widely recognised as a major modifiable risk factor and remains a significant concern for health visitors working with families.

Smoking, Inequality and Disadvantage

Smoking is closely linked with social and economic disadvantage. [People who are unemployed or in routine and manual occupations](#) are significantly more likely to smoke than those in professional or managerial roles. In 2023, around one in five people in lower-income jobs smoked, compared to just one in twelve in higher-income roles¹. The burden is even greater for those with mental health conditions. In England, one in four adults with a long-term mental health issue smoke, and among those with serious mental illness, this figure rises to over 40%².

Families experiencing poverty, living in social housing, or headed by a lone parent are more likely to be exposed to tobacco and second-hand smoke³. These inequalities mean children in disadvantaged communities are at greater risk of harm from tobacco exposure both before and after birth.

[More information on page 2](#)

For additional resources see www.ihv.org.uk

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Smoking in Pregnancy



Smoking during pregnancy remains one of the most preventable risk factors for poor maternal and infant health outcomes⁴. Recent [statistics](#) show 6.1% of women in England and 12% in Wales were recorded as smoking at the time of birth⁷. However, this masks significant variation, with smoking rates in some deprived areas reaching 20%, compared to just 3% in more affluent areas⁸. Data also show that maternal smoking rates are higher among younger women and those from certain ethnic minority groups, illustrating the intersection of tobacco use with wider inequalities³.

Maternal smoking has a profound impact on infant health. It increases the risk of miscarriage, premature birth, and stillbirth. Babies born to mothers who smoke are more likely to be of low birth weight, and maternal smoking after birth has been linked to a threefold increase in the risk of sudden infant death syndrome (SIDS)⁹.

Importantly, approximately 60% of smokers say they want to quit¹¹. Pregnancy offers a unique and powerful opportunity to support behaviour change. [Evidence](#) from NHS England shows that 50% of pregnant women who set a quit date successfully stop smoking.

Second-Hand Smoke and the Home Environment



There is no safe level of exposure to second-hand smoke. Babies and young children are especially vulnerable due to their underdeveloped airways, lungs, and immune systems. Children exposed to second-hand smoke are more likely to develop a range of health problems, including asthma, respiratory infections, glue ear, meningitis and behavioural problems. [Evidence](#) shows that these children are also significantly more likely to grow up to be smokers themselves, continuing the intergenerational cycle of tobacco harm.

Vaping



E-cigarettes, or vapes, are currently the [most popular](#) smoking cessation aid in Great Britain, used by [5.5 million](#) adults. While vaping is not risk-free and long-term safety data remains limited, vaping is significantly less harmful than smoking and can be a valuable tool for parents trying to quit¹⁴. For adults, particularly during pregnancy and parenthood, vaping can provide a less harmful alternative that supports quitting smoking and maintaining smoke-free homes. It is important to separate this from concerns about youth vaping, which is a distinct issue requiring different approaches. Concerns remain about rising rates of vaping among young people and those who have never smoked¹⁵.

[Data](#) shows that approximately 9.8% of adults in England vape either occasionally or daily. Among young women aged 16–24, [daily vaping increased sharply](#)- rising in recent years from 1.9% to 8.7%. A small but growing proportion of vapers have never smoked, and dual use (vaping alongside smoking) is increasing¹⁶, raising concerns about ongoing nicotine dependence.

Both vaping and smoking have significant [environmental impacts](#), including air pollution, contribution to plastic pollution, biohazard and e-waste. In an effort to address the concern, [single use vapes have been banned in the UK](#).

[More information on page 3](#)

Tackling issues

Reducing parental smoking and second-hand smoke exposure can save lives, reduce health inequalities, improve the environment, and help give every baby and child the best possible start in life. Health visitors are vital to these efforts, offering skilled, compassionate, and evidence-based support at the moments when it matters most. National efforts to reduce smoking in the UK are guided by strong public health policies, legislation, and NHS-led initiatives. Creating a completely smoke-free home and car environment is the most effective way to protect children. The UK Government has introduced key legal measures to reduce tobacco harm, [including the indoor smoking ban](#) (2007) and the ban on smoking in vehicles with children present, which became law in 2015.

The proposed [Tobacco and Vapes Bill \(2024\)](#) aims to phase out tobacco sales to anyone born after 2009 and tighten regulations around youth vaping. [NHS England](#) supports these efforts through its Long Term Plan, which includes a commitment to offer specialist stop smoking support to pregnant women, as well as the rollout of carbon monoxide (CO) monitoring in maternity services to help with the early identification of smoking in pregnancy and provide targeted interventions. Complementing these measures, the [National Smoke-Free Pregnancy Incentive Scheme](#) offers financial incentives to pregnant women who remain smoke-free throughout their pregnancy and after birth, verified through regular CO testing. These combined strategies reflect a whole-system approach to tackling tobacco harm and supporting families to live smoke-free lives.

Top Tips for Health Visitors and health visiting practitioners

- All families should be asked routinely about smoking and nicotine use as part of holistic assessments, using the Making Every Contact Count (MECC) approach to embed brief, supportive conversations into routine practice. These discussions should be framed in a sensitive, non-judgmental way that encourages openness and trust. It is important to distinguish between conversations held during pregnancy and those in the postpartum/early childhood period, as motivations and challenges can differ significantly.
- The postnatal period is a time of increased vulnerability to relapse, and it is important to provide support where needed. This may include relapse prevention planning such as identifying potential triggers and strategies to manage them, referral to community resources, support or treatment programmes, and encouraging other members of the family to also access support to stop smoking.
- When providing advice about quitting, evidence shows that a compassionate and understanding approach, supported by motivational interviewing techniques, is significantly more effective than messages based on fear or shame. It is important to acknowledge that giving up smoking can be extremely challenging, often described by parents as one of the hardest things they have done. Recognising and validating these experiences helps build rapport and sustain motivation. Where available, carbon monoxide (CO) monitors can be used as a conversation starter, helping families understand exposure levels and reinforcing the benefits of quitting.
- Understanding the personal motivations that drive parents to consider quitting, such as wanting to improve their child's health, save money, or feel better, can help tailor advice in meaningful ways.
- Health visitors should offer [evidence-based guidance](#) about the benefits of stopping smoking and the available support, including the use of nicotine replacement therapy (NRT) and vaping products as harm-reduction tools.
- If a pregnant woman who has been smoking chooses to use an e-cigarette and it helps her quit smoking and stay smoke-free, she should be [supported](#) in doing so.
- Support families with referrals to local stop smoking services whenever possible. These services are shown to be up to three times more effective than quitting alone.
- For data and recording purposes, an individual who has fully stopped smoking and switched exclusively to vaping is considered a non-smoker.
- Finally, always signpost families to additional sources of support, including [digital tools](#), [community services](#), and [national campaigns](#).

[More information on page 3](#)

Additional resources

Further support, information and training can be accessed from the following sources:

- [ASH Resources](#)
- [ASH Use of electronic cigarettes before during and after pregnancy](#)
- [ASH Smoking in Pregnancy Challenge Group](#)
- [Best Start Scotland](#)
- [E-Learning for Healthcare \(e-lfh\)](#)
- [Help Me Quit Wales](#)
- [National Centre for Smoking Cessation and Training \(NCSCT\)](#)
- [NCSCT Stop smoking aids quick reference sheet](#)
- [NHS Smokefree Services](#)
- [NICE NG209 Guidelines Tobacco: preventing uptake, promoting quitting and treating dependence](#)
- [Office for Health Improvement and Disparities: Smoking and Tobacco: applying All Our Health](#)
- [Stop Smoking Northern Ireland](#)

New resources and e-learning are also being developed to help practitioners respond when raised CO levels may be due to sources other than smoking, these are expected to be available from November 2025 via the UKHSA website.

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