

The Clinical Case for Smoking Cessation for PAEDIATRICS

What is this initiative aiming to achieve?

The aim of this initiative is to provide clinical support for temporary abstinence with a view to prompting a permanent quit in parents or carers of paediatric patients.

To gain maximum benefit, a quit attempt needs to lead to permanent quitting. However, elimination of environmental tobacco smoke whilst a child is ill may still have benefits in some conditions.

Why intervene in secondary care?

A child's hospitalisation is an ideal opportunity to encourage parents or carers to stop smoking for four main reasons:

- Firstly, smoking cessation will eliminate a child's exposure to environmental tobacco smoke and the associated risks to their health.
- Secondly, permanent cessation will not only benefit the parent or carer's long term health but will reduce the likelihood of the child beginning to smoke in later years.
- Thirdly, parents or carers may be more receptive to intervention at this time and are ideally placed to be given information about treatment options and sign posted to specialist services.
- Fourthly, the hospital's no smoking environment creates an external force to support abstinence.

What is the relationship between parental smoking and child health?

Whilst it is difficult to distinguish between the effects of prenatal and postnatal exposure to smoking on paediatric health, it has been estimated that parental smoking accounts for over 6,100 excess deaths per year in children under 19 years of age.¹ Parental smoking also increases the risk of paediatric hospitalisation, for example the risk of hospitalisations for lower respiratory tract infections is increased by around 60%.² Children who are exposed to environmental tobacco smoke have been found to have a higher risk of developing:³

- Asthma
- Acute and chronic middle ear infection.
- Acute lower respiratory infection
- Reduced lung function
- Sudden infant death syndrome
- A smoking habit themselves when they are older

What are the health benefits of parental/ carer quitting for paediatric patients?

There has been little research looking at the effect of parental or carer quitting on the risk of disease, disease exacerbation and death in children. Most research has compared these risks in children with smoking parents to those with non-smoking parents. It is likely that once a child's exposure to environmental tobacco smoke is eradicated, his or her risk of developing disease will reduce to the level associated with children in non-smoking homes; however, it is presently not know how long this would take. In conditions that are exacerbated by smoking, e.g. asthma, there are biological reasons to assume that cessation of exposure to environmental tobacco smoke would immediately begin to improve a child's health. Furthermore, it is likely that parental or carer smoking cessation would lead to a reduced risk of infection within a short space of time.

The 3A's

How to approach smoking cessation with parents or carers

When surveyed, parents of paediatric patients have demonstrated that they would be willing to quit smoking⁴ and smoking cessation interventions have been proven effective for parents of paediatric patients.⁵ People are more successful in a quit attempt if they access specialist support and pharmacotherapy.⁶

The DH guidance "Stop Smoking Interventions in Secondary Care"⁷ is designed to be practical for busy healthcare professionals and outlines a care pathway for supporting smoking cessation that can be adopted for use with parents or carers. In essence, the care pathway incorporates a very brief intervention using the 3A's:

ASK and record smoking status

ADVISE the patient of the personal health benefits of quitting

ACT on the patient response

- prescribe NRT for patients in withdrawal
- monitor withdrawal and adjust pharmacotherapy accordingly
- refer to local NHS Stop Smoking Service

How was this information sheet put together?

This information is a summary of the current scientific evidence on the association between cigarette smoking and maternity outcomes. Studies were found by searching MEDLINE and EMBASE using combined exploded subject headings of "maternity complications", "reproductive physiological phenomena" and "tobacco use cessation" from 01/1990 – 10/2009 and by searching the Report of the US surgeon general on the health benefits of smoking cessation.¹ Evidence has been included in this summary from cohort studies, randomised controlled trials and reviews only.

Reference List

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