Demonisation of smoking and drinking in pregnancy can prevent quitting

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The demonisation of women who smoke or drink during pregnancy can lead to them smoking or drinking in secret rather than seeking the support they need to stop, finds a new study by Cardiff University.

Participants interviewed for the study reported negative reactions

directed towards them when they smoked or drank small amounts of alcohol in public during pregnancy, resulting in them smoking and [drinking](link) at home instead.

The women also reported hiding smoking from their midwives and partners, with some revealing that partners were very anti-smoking and highly critical of them.

By contrast, although alcohol wasn't drunk in public because of the stigma attached, some partners encouraged their wives and girlfriends to drink alcohol at home, as it was an enjoyed shared activity prior to pregnancy.

Participants who drank or smoked also reported awkward relationships with midwives and other [health professionals](link), including receipt of public health advice in a judgemental tone, which made them less likely to seek advice and support from them.

Many of the participants viewed smoking in private as an acceptable thing for a pregnant woman to do. This was in direct contrast to their views on smoking in public, which was viewed as inappropriate, with some participants who had smoked during pregnancy claiming they would still judge another pregnant women who smoked in public.

Condemnation of those who smoked in public during pregnancy was not restricted to cigarettes; one e-cigarette user also experienced judgement from strangers.

Dr. Aimee Grant, lead author of the study, from Cardiff University's Centre for Trials Research, said: "Moral judgements are commonly directed towards mothers through reference to health behaviour in pregnancy, and working-class mothers are particularly subject to this criticism, ignoring the challenges of living on a low income.

Dr. Dunla Gallagher, a member of the study team, said: "Pregnant women are no longer seen as their own person and stigma arises where other people feel that pregnant women should be able to focus all their energy and priorities on the baby that they carry, rather than their own needs. However, for these women their primary goal is often just getting by on a very low income, which is no mean feat, and smoking was a coping strategy for some of the women.

"Rather than stigma, women need empathy and a recognition of the challenges that pregnancy can bring in terms of women's independent choices."

Dr. Grant added: "If we want to design services that will be regularly accessed, and make a real difference to maternal health behaviours, we need to consider the subjective experiences and challenges pregnant women face in negotiating acceptable forms of motherhood. We will then have informed policy and practice which engages rather than isolates potential users of health services."

The study "Understanding health behaviours in pregnancy and infant feeding intentions in low-income women from the UK through qualitative visual methods and application to the COM-B model' is published in BMC Pregnancy and Childbirth.

A more detailed exploration of the smoking data is included in: "Smoking during pregnancy, stigma and secrets: visual methods exploration in the UK" is published in *Women and Birth*.

  More information: Aimee Grant et al. Smoking during pregnancy, stigma and secrets: Visual methods exploration in the UK, *Women and Birth* (2018). DOI: 10.1016/j.wombi.2018.11.012

Provided by Cardiff University

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