

# First study of its kind finds voucher scheme helps new moms to stay smoke-free

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A high street voucher scheme has been shown to be helpful in supporting new mothers, who stopped smoking during their pregnancy, to maintain abstinence from smoking in their first year postpartum.

Previous studies have established that [voucher](#) schemes are effective for helping women to stop smoking during [pregnancy](#). This is the first evidence to suggest such schemes could help women maintain smoking cessation after the baby is born.

In a new U.K. research project, led by the University of Stirling in collaboration with the Universities of Edinburgh and Nottingham, 462 women who had stopped smoking during pregnancy and were at the end of their pregnancy were invited to take part in the study by NHS stop smoking services. Participants were randomly assigned to receive vouchers or no vouchers.

One third of participants received up to £240 of vouchers for themselves and £60 of vouchers for a "significant other" supporting them over 12 months; one third received £120 of vouchers for themselves and £60 for a significant other over three months, and the final third of women received just usual postnatal care.

The study, now [published](#) in *Addiction*, took place at four NHS Hospital Trusts across Greater Manchester and confirmed results through nicotine saliva testing and carbon monoxide breath tests when the babies were 1 year old.

Researchers found that 40% of women had still not smoked when their baby was 1 year old for those receiving vouchers over 12 months, compared with 21% for those receiving vouchers over three months, and 28% for women who received only usual care.

Professor Michael Ussher, lead author of the study from the University of Stirling and St George's, University of London, said, "We know that most women who stop smoking during pregnancy return to smoking soon afterwards, which can cause significant health problems for the mother and her family. Our study shows that high street vouchers,

provided over 12 months, could help women avoid returning to smoking after their baby is born.

"Most women who smoke in pregnancy and postpartum live in the U.K.'s most deprived communities, areas hardest hit by the cost-of-living crisis. These vouchers have helped women to stay smokefree but also to save money by not buying cigarettes.

"This intervention is about investing up front to prevent much more serious and costly health problems for the mother, baby and the rest of her family if she continues to smoke."

Professor Linda Bauld, study co-investigator from the University of Edinburgh said, "Smoking in pregnancy is hugely harmful to mothers and babies so helping women quit is a priority and has been the focus of much research. Far less attention has been paid to helping women stay smokefree over the longer term. This benefits their health and also helps avoid exposing babies and children to second hand smoke.

"Our previous research on incentives during pregnancy had positive findings, so we wanted to test whether they work to help prevent smoking relapse. The results of this study are very encouraging and suggest that incentive schemes should include the postpartum period."

As many as three-quarters of women who stop smoking in pregnancy are likely to return to smoking within six months of giving birth, increasing their risks of smoking-related illness and mortality as well as their children's risks of health problems due to [second hand smoke](#) and of becoming smokers.

This study, alongside previous pregnancy studies, is now informing a national, government supported scheme in England to offer vouchers in pregnancy and postpartum to all pregnant women who smoke.

Research is ongoing to see if the women who were not smoking when their baby is . year old are still not [smoking](#) a year or more later.

**More information:** Michael Ussher et al, Effect of 3 months and 12 months of financial incentives on 12-month postpartum smoking cessation maintenance: A randomized controlled trial, *Addiction* (2024). [DOI: 10.1111/add.16487](https://doi.org/10.1111/add.16487)

Provided by University of Stirling

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