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LETTERS



SMOKING RATES DURING PREGNANCY

Smoking rates among pregnant women: The BMJ must not misinform

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Kmietowicz's headline claims "smoking rates among pregnant women fall to all time low of 11.4%."¹ We expect better both from the government and from *The BMJ*: the figure is actually plateauing (12.0% in 2012-13) and is based on flawed data.

Firstly, the seemingly low numbers refer to "women at the time of delivery" and do not describe smoking during pregnancy.²

Secondly, the number of maternities with "unknown smoking status" has doubled from 1.4% in 2013-14 to 3.0% in 2014-15. In nine regional health areas smoking status was unknown in more than 10% of maternities (from 15.4% in Peninsular to 35.7% in Lincolnshire East).² Yet these unknown numbers were included as non-smokers in the calculations. If the missing numbers had been counted as smokers (as they should have been), the overall rate would be closer to 11.7%.²

Lastly, self declared data are unreliable, especially when considering the shame experienced by women who do not quit despite warnings, which is sadly all too common while quality of care remains poor.³⁴ Exhaled carbon monoxide measurement is cheap, fast, non-invasive, and reliable.⁵

Misinformation from public bodies charged with public health seems to have become common.⁶ It must be wrong to give undue support to a government that then masks the absence of comprehensive and effective health policies. Accurate epidemiology and reporting are the cornerstones of effective public health policy.

Competing interests: None declared.

- 1 Kmietowicz Z. Smoking rates among pregnant women fall to all time low of 11%. BMJ 2015;350:h3335. (19 June.)
- Health and Social Care Information Centre. Statistics on women's smoking status at time of delivery, England—quarter 4, 2014-15. 2015. www.hscic.gov.uk/pubs/wsstdapr14mar15.
 Braillon A, Bewley S. Trials on physical activity for smoking cessation in pregnancy missed
- a trick or two. *BMJ* 2015;350:13554. (30 June.)
 Ussher M, Coleman T, West R, et al. Authors' reply to Braillon and Bewley. *BMJ*
- 2015;351:h3555. (30 June.) 5 Coultas DB, Howard CA, Peake GT, et al. Discrepancies between self-reported and
- validated cigarette smoking in a community survey of New Mexico Hispanics. Am Rev Respir Dis 1988;137:810-4.
- 6 Braillon A, Gilmore I, Williams R. Alcohol-related deaths: is misinformation hindering care improvement? *Lancet* 2015;385:1619-20.

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