POSITIVE ACTION TO REDUCE SMOKING AND PASSIVE SMOKING IN PREGNANCY

BACKGROUND
There are over one billion smokers around the world today, with WHO estimating that four million people die each year from tobacco-related causes. The number of female smokers worldwide stands at 200 million, with the number predicted to triple by 2025. The risks of smoking to general health are well documented, as are the more specific risks from exposure to tobacco smoke affecting the health of infants, children in early life and women in pregnancy. There is widespread concern regarding the increase in young female smokers and smoking pregnant women.

The International Code of Ethics for Midwives sets out midwives’ social responsibility for health promotion, stipulating that ‘midwives act as effective role models in health promotion for women throughout their life cycles, for families and for other health professionals’ and that ‘midwives participate in the development and implementation of health policies that promote the health of all women and child bearing families’. Collaborative efforts may bring positive outcomes: the sharing of experiences and activities among member associations has the potential for progress.

STATEMENT OF BELIEF
The International Confederation of Midwives believes that the consequences of smoking and exposure to tobacco smoke for the health of nations and individuals, especially pregnant women and babies, are of sufficient importance to justify a renewed and collaborative effort among member associations. The ICM also believes that smoking and passive smoking concern the rights of the child to the avoidance of exposure to health-damaging influences. At the same time, ICM recognises both the potential conflicts with the immediate wishes of the mother, her right to choices in lifestyle and the socio-psychological and biological influences on the imperative to smoke.

The ICM further believes that health professionals and community members have the responsibility to initiate actions for reducing tobacco-related health risks to women and children in particular.

POSITION
The ICM deplores the continuing negative impact on women’s and babies’ health caused by the smoking of tobacco. ICM supports the efforts of midwives to make a difference to the long-term health of the people of their nations through actively addressing issues surrounding smoking. ICM will:

• Co-operate with WHO and other international health organisations to combat the epidemic of tobacco use
• Lobby international governmental and non-governmental organisations actively to address the issue of smoking
• Encourage its member associations in various countries to tackle the issue of smoking and support anti-smoking campaigns and programme development.
• Promote research into tobacco use among childbearing women with the aim of developing evidence-based strategies directed at women during the preconception, pregnancy and perinatal periods.

GUIDANCE TO MEMBER ASSOCIATIONS
The ICM urges its member associations to:
• Declare their commitment to addressing the problem of tobacco smoking and to supporting interprofessional national efforts and the international sharing of knowledge.
• Share experiences among member associations of the effectiveness of various local and national approaches
• Explore the potential for collaborative working between member associations
• Articulate the support they require from ICM headquarters.
• Support smoking cessation among midwives, so as to protect their own health and help them be more appropriate role models in health issues.

RELATED ICM DOCUMENTS
International Code of Ethics for Midwives (ICM, 1999)

OTHER RELEVANT DOCUMENTS
Kobe Declaration (WHO, November 1999)
Royal College of Nursing and Health Education Authority (1999). Clearing the Air, a Nurse’s Guide to smoking and Tobacco Control. London, UK: RCN/HEA.

Adopted at Vienna International Council meeting, 2002
Due for next review 2008