



# Smoke-Free Start Taskforce

A collaborative initiative to support healthcare professionals in providing smoking cessation advice throughout pregnancy

The government of the Netherlands is working hard to make smoking something of the past, with the goal of achieving a smoke-free generation by 2040. Specifically, by 2040, no children or pregnant women will smoke and no more than 5% of adults will smoke tobacco.<sup>1</sup> In order to reach the government's goal, the prenatal care system plays a key role in motivating and supporting (future) parents to quit smoking.

## Background

Pregnancy is a crucial period that profoundly influences the development and lifelong health of a child. Tobacco use before, during, and after pregnancy is a major preventable cause of pregnancy complications and adverse birth outcomes.<sup>2</sup> These complications include miscarriage, fetal growth issues, low birth weight, and congenital heart defects.<sup>3-5</sup> In the longer term, children of smoking mothers are at higher risk of developing physical and mental health problems such as impaired lung function, obesity, certain types of cancer, ADHD, and tend to have lower academic performances.<sup>6-10</sup> Moreover, children of smoking parents are exposed to second- and third-hand smoke, which increases their risk of developing nicotine dependence and, consequently, the likelihood of initiating smoking themselves later in life.<sup>11</sup> In the Netherlands, approximately 40 children start smoking daily every day.<sup>12</sup>

Even though many (future) parents quit smoking before or during pregnancy, smoking remains prevalent among pregnant women globally.<sup>13</sup> In the Netherlands, 7.7% of pregnant women reported smoking at some point during their pregnancy in 2021.<sup>14</sup> These same statistics showed a disproportionate prevalence of smoking among pregnant women with low to moderate levels of education compared to women with higher levels of education: 15.6% and 1.8%, respectively.<sup>13</sup> Continued efforts to provide high quality smoking cessation advice through the maternity care system is necessary to address these persistent challenges. This report describes the development and achievements of the Smoke-Free Start Taskforce ('Rookvrije Start') in the Netherlands and highlights key lessons learned.

## The start and aim of the Smoke-Free Start Taskforce

In 2015, the Ministry of Public Health, Welfare and Sports hosted a meeting with healthcare professionals, experts in the field of maternity and youth healthcare, and members of professional healthcare associations to discuss the importance of a smoke-free pregnancy and raising children in a smoke-free environment. The central focus was on identifying strategies to better support (future) parents in quitting smoking. During this meeting, the necessity of a collaborative effort was emphasized. By 2016, a unified strategy was presented to the Minister of Health, emphasizing the development and implementation of smoking cessation policy and materials tailored to the needs of healthcare professionals in maternity and youth care.<sup>15</sup> This was the start of the Smoke-Free Start Taskforce in the Netherlands.

The Smoke-Free Start Taskforce is a nationwide collaboration of healthcare professionals and professional associations in birth and youth healthcare in the Netherlands. Specifically, healthcare professionals involved in the Taskforce include

those who are in contact with (future) parents at any stage of pregnancy, such as midwives, obstetricians, gynecologists, youth healthcare providers, fertility physicians, and general practitioners (hereafter: healthcare professionals). Their goal is to encourage smoking cessation before, during, and after pregnancy. They do this by promoting multidisciplinary smoking cessation care, putting smoking cessation advice on the agenda of professionals and the wider public, and enhancing the knowledge of healthcare professionals and the public on the importance of smoking cessation to improve children's health and wellbeing. The desired outcome is to equip every healthcare professional with the skills to effectively motivate (future) parents to quit smoking and to facilitate proactive referral to appropriate smoking cessation services.<sup>16</sup> The Taskforce, therefore, operates by closely engaging with these healthcare professionals to develop tailored, comprehensive materials and plans for successful implementation within each professional group.



# The Smoke-Free Start Taskforce

The efforts of the Taskforce began with creating awareness among healthcare professionals about the importance of a smoke-free start. The Taskforce wrote a manifest that was signed by individual healthcare professionals.<sup>17</sup> This strategic initiative did not only raise awareness among healthcare professionals, but it also created nationwide attention for the Taskforce and for quitting smoking during pregnancy. The introduction of local ambassadors advocating for a smoke-free start further enhanced the success of the program. Ambassadors are healthcare professionals committed to promote a smoke-free start within their organizations. These ambassadors receive support from the Taskforce, including access to e-learning courses and materials to motivate their colleagues. Collaborating with local ambassadors has been and remains an important way to ensure that the initiatives of the Smoke-Free Start Taskforce are widely implemented and embraced.<sup>16</sup> So far, over 1350 healthcare professionals have become a local ambassador.

The following initiatives and activities have been introduced to further achieve the goals of the Smoke-Free Start Taskforce<sup>16</sup>:

## Support for healthcare professionals

It is important to ensure that all (future) pregnant women who smoke receive cessation advice from their healthcare professional(s), including a warm referral to appropriate smoking cessation care. A warm referral, where the healthcare professional connects the (future) parent with a smoking cessation coach, increases enrolment rates.<sup>18</sup> To do this, healthcare providers must know how to effectively provide cessation advice and have access to suitable referral options. The Taskforce provides education via e-learnings and in-person training. The Taskforce also implemented a telephone smoking cessation counselling service called 'Smoke-Free Parents'.<sup>19</sup>

### Education for healthcare professionals

The Smoke-free Start Taskforce provides an extensive training offer to educate healthcare professionals on how to give effective smoking cessation advice and refer (future) parents to smoking cessation care. This offer consists of e-learning programs and an in-person training.

- The e-learning program is designed for any healthcare professional working with (future) parents. The program consists of multiple modules. The modules cover smoking-related risks before, during, and after pregnancy, and essential conversational strategies. Emphasis is placed on the fact that smoking is an addiction (rather than a lifestyle choice), and on the role healthcare professionals have in smoking cessation. Case study videos featuring insights from healthcare professionals demonstrate how to have a conversation about smoking cessation. In addition, healthcare professionals learn more on how to warmly refer (future) parents to a telephone

smoking cessation service 'Smoke-free Parents' (see details below).

- The multidisciplinary in-person training offers healthcare professionals and colleagues a chance to gain essential skills in discussing smoking cessation during consultations and in effectively motivating (future) parents to engage in smoking cessation services. The training includes tailored case studies that allow healthcare professionals to practice and apply conversation skills relevant to their specific profession.

### Telephone counselling service: 'Smoke-free Parents'

The Taskforce implemented a telephone smoking cessation counselling service called 'Smoke-Free Parents' as support with smoking cessation is known to increase the likelihood of successful cessation.<sup>19</sup> The Smoke-free Parents phone counselling is based on motivational interviewing and consists of a minimum of 6 calls (+/- 20 minutes) with a smoking cessation coach. During the calls, multiple topics are discussed, including smoking history, withdrawal symptoms, craving, and relapse prevention.<sup>20</sup> 'Smoke-free Parents' has been shown to be effective in helping parents quit smoking,<sup>20</sup> and has been made suitable for couples who want to have children in the future, pregnant women, and for the partners of pregnant women. This service offers a convenient and time-saving option for healthcare professionals to use as a warm referral for (future) parents. After referral, the smoking cessation coach will contact the parents to complete their application. (Future) parents can also opt to register for this service themselves, without assistance from a healthcare professional. Since its start in 2019, nearly 1400 (future) parents signed up for the counselling; two-thirds of these parents (61%) were enrolled by their healthcare professional.

### Resources for healthcare professionals: during consultations

Numerous resources and tools have been developed to assist healthcare professionals in their conversations about smoking cessation with (future) parents. These resources include conversation cards that outline a step-by-step approach of providing cessation advice along with example phrases, as well as conversation starters. During visits, healthcare professionals can distribute or show various materials, such as:

- Brochures about using nicotine replacement during pregnancy.
- Brochures with tips, facts, and myths about smoking.
- Storyboard leaflets illustrating the quitting process in plain language.
- Waiting room videos about the importance of quitting smoking for pregnant women.

These resources aim to enhance communication and facilitate conversations about quitting smoking between healthcare professionals and (future) parents.

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## Guideline and policy

It is crucial to establish clear understandings and agreements within and between organizations and healthcare professionals regarding their approach to smoking cessation. This involves creating guidelines for pregnant women, integrating digital care pathways in routine practice, and offering tailored policy support.

### *Guideline for smoking cessation and tobacco dependence treatment in pregnant women*

The Smoke-Free Start Taskforce contributed to the development of a national guideline on smoking cessation for all healthcare professionals engaged in birth care, titled 'Treatment of Tobacco Dependence and Smoking Cessation Support in Pregnant Women'.<sup>21</sup> Based on scientific literature, this guideline provides specific recommendations for addressing tobacco addiction and contains practical advice on how smoking cessation care should be offered during and after pregnancy. The guideline outlines directions for birth care professionals on when and to whom they can refer pregnant women or their partners for smoking cessation support. It also provides information and recommendations on the use of nicotine replacement therapy and other medications during pregnancy.<sup>21</sup>

### *Digital care pathways*

Based on the guideline 'Treatment of Tobacco Dependence and Smoking Cessation Support in Pregnant Women', the Taskforce developed an [online digital care pathway tool](#) (in Dutch) for

healthcare professionals to provide visual insight into the routes that (future) parents can take to quit smoking. Each step in the care pathway contains practical tips and resources for healthcare professionals on how to support (future) parents in quitting smoking or staying smoke-free. These care pathways serve as valuable resources for supporting the development of smoking cessation policy as they contain agreements on who to refer to.

### *Support for local partnerships and organizations*

Local smoke-free taskforces coordinate the collaboration between various professional groups in birth care and youth healthcare within a specific region. These taskforces establish their own local objectives (e.g., create a care pathway) to pursue based on the needs of their respective regions. Local groups, including ambassadors from various professional groups, have the opportunity to form local taskforces. As of 2024, there are 13 local taskforces actively operating on smoking cessation policies throughout the Netherlands. The national Smoke-Free Start Taskforce offers practical support to these local taskforces and other organizations (e.g., Obstetric Partnerships (VSV)<sup>a</sup>) in the development and implementation of their smoking cessation policies. This support is offered in the form of financial compensation, guidance instructions, and through meetings to discuss protocol development, training opportunities, referral options, collaborative agreements, or assistance in formulating strategies on how to increase support for providing smoking cessation advice.



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a Obstetric Partnerships (VSV) is a regional network in the Netherlands in which organizations of obstetric care providers, maternity care organizations and other regional birth care professionals jointly determine the policy in their organizations regarding the implementation of care around pregnancy and birth.



## Communication

Effective communication is essential to engage healthcare professionals in the mission of the Smoke-Free Start Taskforce, as well as to raise (public) awareness about the urgency of smoking cessation before, during and after pregnancy. This has been done by launching support-building campaigns and the organization of conferences.

### *Support-building campaigns*

When providing effective smoking cessation advice, the role and beliefs of healthcare professionals are crucial factors. It is known that healthcare professionals who view smoking as an addiction (rather than a lifestyle choice) and those who feel a sense of responsibility are more likely to provide effective smoking cessation advice. Therefore, campaigns aimed at building support have been launched to reinforce the sense of urgency among healthcare professionals, reminding them of their pivotal role in ensuring that every child should grow up smoke-free by 2040. To illustrate, in 2023, the online campaign 'Ensure a smoke-free start: don't let my dreams go up in smoke' was launched with the goal of creating more support among healthcare providers. In addition, campaigns to reach the general public have also been launched, such as the 'Family planning ON? Cigarette OFF'-campaign to motivate couples with a desire to have children to become smoke free. Social media channels (e.g., LinkedIn) are used to distribute campaign images, videos of healthcare providers sharing their experiences, and other informative videos. National ambassadors and stakeholders from local taskforces spread the campaign's messages and materials throughout their networks.

**English translation: Family planning ON? Cigarette OFF**



### *Conferences*

In 2017, 2019, and 2023, the Taskforce organized one-day national conferences that brought together ambassadors and other healthcare providers in birth and youth healthcare. Around 130 people participated each conference. These conferences serve as a platform to inspire each other, exchange ideas, and gain new knowledge.

## Knowledge development and monitoring

Several knowledge-based products have been created for healthcare professionals. These products provide healthcare professionals with up to date knowledge from scientific literature. In addition, the Taskforce actively monitors data on substance use during pregnancy and tracks the progress of the Smoke-Free Start program to stay informed about current developments.

### *Knowledge-based products*

The Taskforce produces a range of factsheets, whitepapers and other materials that put smoking cessation on the agenda of colleagues and facilitate communication among healthcare professionals. They include informative easy-to-read factsheets and infographics detailing the prevalence and risks of smoking before, during, and after pregnancy. Furthermore, the Taskforce actively shares information related to its initiatives through the Dutch [Taskforce Rookvrije Start website](#).

### *Monitoring*

The Taskforce helps with collecting data for the periodic monitor 'Substance Use and Pregnancy', which serves as a research tool to monitor the use of various substances such as tobacco, alcohol, and drugs among women and their partners before, during, and after pregnancy in the Netherlands. Its purpose is to gain insight into the prevalence, patterns, and trends of substance use during pregnancy, as well as the influence of socio-demographic and psychosocial factors on substance use.<sup>14</sup> Furthermore, the Taskforce collects and analyses data for the monitor 'Smoke-free Start'. This monitor tracks the status of smoking cessation policies within local partnerships and organizations every other year.<sup>22</sup>



## Challenges and key focus points of the Smoke-Free Start Taskforce

Much has been accomplished since the start. Since 2016, a guideline for pregnant women has been developed, care pathways have been implemented, approximately 1200 healthcare professionals have received training, and more than 9000 participants completed the e-learning program. Local taskforces have been established, and diverse supporting materials have been developed to support child and youth healthcare organizations in providing cessation advice and a warm referral option (i.e., Smoke-Free Parents). To further strengthen the impact of the Smoke-Free Start program, the program will focus on the following aspects:

- Healthcare professionals should be aware that their role is vital in offering (future) pregnant women appropriate smoking cessation advice. This needs to be addressed consistently as only half of the pregnant women who smoke say they have received advice on smoking cessation from their healthcare professional. Therefore, the Taskforce continues to ensure the topic of smoking cessation counselling is high on the agenda of all healthcare professionals.
  - It is important that there are well-defined common goals within and between organizations about their smoking cessation care, and that such agreements are secured in the form of policy and care pathways. One third of the obstetric partnerships (VSV) do not yet have a care pathway for pregnant women who smoke.<sup>22</sup> The Smoke-Free Start Taskforce will continue to focus on providing support for the development of smoking cessation policies at the local level (as described in 'Support for local partnerships and organizations'). The goal is to ensure that every local initiative has a pathway that describes how professional groups and organizations within the region cooperate.
  - Emphasis needs to lie on reaching couples who want to have children, as they are often not yet seen by a healthcare professional at this stage. Exposure to tobacco smoke prior to and in the first weeks of pregnancy has adverse effects on fertility, the course of pregnancy, and health of the mother and child (including later in life).<sup>8</sup>
- There is much to gain if we can reach women and their partners before their pregnancy with educational materials, cessation advice and counselling. First steps have already been taken to address this issue, including the launch of an online campaign specifically targeting couples with a desire to have children ('Family planning ON? Cigarette OFF'). This campaign achieved 3.7 million views and nearly half a million people watched the accompanying videos.
- In the Netherlands, two-thirds of women who smoke throughout pregnancy have attempted to quit.<sup>14</sup> They may be motivated to quit, but, despite trying, they do not manage to stay quit. Of the women who do successfully quit during pregnancy, 35% starts again after pregnancy.<sup>14</sup> Stress and vulnerability play an important role in this regard.<sup>23</sup> Specific attention is needed to reach women who experience stressors that make it more difficult to quit smoking,<sup>23</sup> such as mental health problems and financial problems.<sup>24</sup> Previous findings show that quit rates among women in more vulnerable positions might increase by the use of financial incentives/rewards, an opt-out referral system in which all patients who smoke are referred to cessation care unless they refuse, using CO-meters to determine smoking status even after a few hour someone abstained from smoking, and/or specialized coaches on location.<sup>23,25-27</sup> In the upcoming years, the Taskforce will focus on piloting (some of) these elements.
  - The monitor '*Smoke-Free Start*' also shows that the majority of healthcare professionals do not currently conduct relapse prevention counselling at the end of pregnancy.<sup>22</sup> Closing this gap in care has the potential to improve the health of families through supporting continued smoking cessation. After all, more than a third of women who quit smoking during pregnancy relapse after pregnancy; two-thirds of them relapse within four weeks and eight out of ten women relapse within five months.<sup>14</sup> Therefore, relapse prevention should be part of smoking cessation counselling and should be tailored to the lives of pregnant women and new mothers.

## Conclusion

The Smoke-Free Start Taskforce is a collaborative initiative that supports all healthcare professionals in providing smoking cessation advice to pregnant women, new mothers, and their partners. The Taskforce underscores the importance of collaboration among diverse stakeholders, including government entities, knowledge institutions, and healthcare professionals across different sectors to move towards a smoke-free society for future generations in the Netherlands.



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