Thanet Health and Wellbeing Board

Maternal Smoking Cessation Update

Background

Smoking in pregnancy is associated with a wide range of problems, including complications during labour, increased risk of stillbirth, miscarriage, premature birth, low birth weight and sudden unexpected death in infancy **(Royal College of Physicians 1992)**. It increases the risk of infant mortality by 40% **(Department of Health 2007)**. Children exposed to tobacco smoke in the womb are more likely to experience wheezy illnesses in childhood. In addition, infants of parents who smoke are more likely to suffer from serious respiratory infections (such a bronchitis and pneumonia), symptoms of asthma and problems of the ear, nose and throat (including glue ear). Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour **(Button et al 2007)**. In addition, it has been suggested that smoking during pregnancy may have a detrimental effect on the child's educational performance **(Batstra et al 2003)**.

In 2010 the total annual cost to the NHS of smoking during pregnancy was estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23 million for treating infants (aged 0-12 months). **(Godfrey et al 2010)**

Helping pregnant women who smoke to quit involves communicating in a sensitive, client centred manner, particularly as some pregnant women find it difficult to say that they smoke. **(NICE PH26)**

Thanet

The CCG Improvement and Assessment Framework (IAF) provides a perspective on the effectiveness of local commissioning of Maternity services enabling CCGs, Local Health Systems and Communities to carry out a self-assessment of their progress and therefore assisting improvement. One aspect measured by the CCG IAF was in relation to Maternal Smoking. Thanet currently stands at 21%. Therefore, NHSE offered Thanet CCG additional financial support in order to allow us to go further in our efforts to reduce smoking in pregnant women. This funding is for £75,000 and can be used for a range of support which demonstrates effectiveness, including the following:

- Carbon monoxide monitors and consumables
- Training for midwives (both in using the equipment and in engaging with women, ensuring that they get the communication right)
- Leadership, project management and administration
- Training for stop smoking services to make the most of referrals

Pathway - Current Status

National Guidance recommends the use of CO monitoring at antenatal visits to identify smokers and opt out referral to smoking cessation support (NICE). In East Kent, Public Health (KCC) have funded a year secondment for a Specialist Midwife in smoking cessation. This post will be in place until September 2017. Work to date:

1. The training to use CO monitors is already in place, but midwifery compliance with testing and referral to Stop Smoking Services in Thanet has been poor. This is now increasing with the support of the specialist midwife:

No. CO Monitored **(from total % booked)**	**Thanet South**	**Thanet North**
December 2016	45.9%	36.5%
January 2017	61%	52%
Referral to Stop Smoking Services		
December 2016	45.5%	33%
January 2016	62.5%	68%

2. Training in place for acute based staff, including those working in NICU and SCBU. A policy is being written for NICU and SCBU.
3. Introduction of Nicotine replacement on the ward.
4. CO monitors have been recorded and calibrated. Consumables in place.
5. Monthly audit and reporting taking place.
6. Health Visitors and Family Nurse Partnership are to be offered training.

Further Challenges:

1. **Universal Testing** - CO Testing and referral to Stop Smoking Services in Thanet needs to continue to increase and be strengthened.
2. **Strengthen the Message and Contact -** Once referred, women are hard to contact (73% unable to contact in January 2017 – East Kent) or actively decline the service. Only a small proportion of women accept the service with a smaller proportion going onto quit.
3. **Cultural/Perception -** Low birth weight is seen as an advantage as it would lead to an easier labour and delivery, women perceive the stress associated with attempting to quit as equal to the risks associated with smoking.

Evidence

- Evidence that the introduction of a system-wide intervention to promote smoking cessation during pregnancy increased referrals to the smoking cessation service by 2.5 times and the proportion of women quitting by delivery by nearly twofold. **(BMJ 2017).**
- Women want to hear the hard hitting message from their Midwife as this is the professional that they trust the most with their care during pregnancy. However, Midwives are reluctant to give a hard hitting message as they are concerned about ‘compromising’ their relationship with the women.

- Midwives need to believe that the referral to Stop Smoking Services will make a difference otherwise they are less likely to complete referral.
- Pregnant women expect their Midwife to talk about the fact they are smokers. If their smoking is not mentioned during appointments, women feel that it is not a major concern.
- Universal monitoring is essential. For Babyclear to work, CO monitoring should be seen as normal as having blood pressure taken.
- Mothers who are advised to give up smoking during pregnancy rather than cut down are more likely to succeed. Less than 1% of women who are advised to 'cut down' actually try to quit (**Public Health Maternity Needs Assessment 2017)**.
- Higher intensity interventions do not necessarily demonstrate a stronger effect. It is important to put the focus on the quality of intervention and ensuring the provision of support is convenient for women and does not over burden them **(Chamberlain et al 2013)**.
- A pregnant woman's success in stopping smoking is likely to be influenced by the smoking status of her partner as well as those around her. There is moderate evidence to show that smoking cessation interventions during pregnancy could improve smoking cessation in partners **(Hemsing et al 2012)**.

A Two Step Approach for Thanet

1. **Training and Resources for Midwives**

- **Objectives**
  - Strengthen the skills and confidence of the Midwifery workforce in Thanet to have challenging conversations with pregnant women concerning the hard hitting facts about smoking in pregnancy. In turn, increasing referrals and commitment to the Stop Smoking Service. This training will complement the existing Babyclear training offered by the Specialist Midwife.
  - Offer sustainable change within the workforce in order to drive progress forwards with reduction in smoking during pregnancy after the additional NHSE monies have been used, thereby creating a legacy.
  - To produce a leaflet with hard hitting information and images which can support conversations concerning quitting at any point during the pregnancy journey.
- **Action**
  - Build on the parts of the Babyclear programme already in place (use of CO monitoring at booking). Use an accredited Babyclear trainer to deliver training around Challenging Conversations to entire midwifery workforce in Thanet.
  - The course will be repeated and staggered to allow for the release of Midwives. The capacity of the course is for 20 attendees. Any additional places will be offered to Health Visitors, Family Nurse Partnership and other appropriate professionals.
  - This training will remain in the workforce following the secondment post finishing in September 2017.
  - Maternity Commissioner to speak directly to Midwives in Thanet concerning the focus on reducing smoking in pregnancy, it's importance and how it is a shared objective.
  - The leaflet will be produced by the Communications Team at EKHUFT and therefore they will be able to update and reproduce the leaflet again in the future.

2. **Home Visits for Stop Smoking Advisor Sessions**

- **Objectives**
  - To increase the take up of the Stop Smoking Service by offering women a choice of a home visit for the quit programme.
  - Increase the possibility of further quits by accessing support at home as partners/carers may be present. Working towards a smoke free home when the baby is born.
  - To reduce smoking at delivery from 21% (CCG IAF) to 17% over the year.
- **Action**
  - Enhance the existing Stop Smoking Service within KCHFT to provide home visits. Ambition to fund 1 full time Stop Smoking Advisor for Thanet pregnant Mothers for 9 months.
  - The Stop Smoking Advisor would be dedicated to seeing pregnant women only, would pick up the referrals from Midwives, follow them up, make contact and provide the Stop Smoking intervention 1-1 in the home environment.
  - May be capacity for the Stop Smoking advisor to offer additional interventions such as drop in clinics within the hospital environment.
  - Links made with Public Health, the commissioner of the KCHFT Stop Smoking Service. Public Health are keen to look at the success of home visit model and are interested to incorporate it into their contracting giving this approach sustainability.

3. **Additional Resources – CO Monitors**

- **Objective**
  - To increase the resource of CO monitors to ensure that each health practitioner has easy access to CO monitor equipment for universal testing.
- **Action**
  - Purchase CO monitors and calibration equipment to support the Babyclear training completed by the Specialist Midwife.

This approach will be mirrored in South Kent Coast CCG. A short report will be delivered to NHSE in April 2017 to be followed by a centrally commissioned evaluation later in 2017.

BMJ Ref: http://tobaccocontrol.bmj.com/content/early/2017/02/10/tobaccocontrol-2016-053476

Claire Haywood

Commissioning Manager for Maternity and Acute Paediatrics

(East Kent Children's Commissioning Support Team)

16th February 2017