

PHE Smoking in Pregnancy Mapping Project Baby Be Smokefree

Project Title: Baby Be Smoke Free: a quit smoking service for young mums to be (Sept 2014-Aug 2017).	
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Target Population: <i>(e.g. nationality, age bracket, socioeconomic status, geographic area, fathers etc. Please also discuss any local insight research which was used or commissioned)</i> <i>Young pregnant women under 25 years of age, their partners/family, key workers in midwifery and smoking cessation.</i> Teenage pregnancy is up to six times higher in deprived communities and great inequalities of opportunity exist for these young women. They are also more likely to be part of routine and manual groups and more likely to smoke during pregnancy as compared to their older counterparts; making them an important target group for reducing smoking in pregnancy and addressing health inequalities between socioeconomic groups. <i>In Blackpool and Kent (specifically Thanet and Shepway)</i> Areas were chosen due to high levels of teenage pregnancy and high teenage smoking rates at time of application (2013): Teen conception data in Blackpool was 58.1/1000 and 34.7/1000 in Kent against the English average of 30.7/1000. Both areas have pockets of deprivation. Blackpool was ranked as the 10th most deprived area out of 326 districts and unitary authorities in England (Indices of Deprivation, 2010). Kent has pockets of deprivation; the ID2010 showed that the level of deprivation in 8 out of the 12 Kent districts had increased since ID2007 relative to other areas in England. <i>Ethnic diversity</i> There is ethnic diversity in the two areas, 3.5% of the overall population are from BME groups in Blackpool and 6.6% in Kent (England's total BME population is 14.6%, ONS 2011) The project is trying to reach the women hardest to reach.	

<p>Locality: <i>(include all known details about where the project is located- hospital/local authority/community centre/Sure Start/neighbourhood/town/region)</i></p> <p>Blackpool Borough Council Kent County Council</p>
<p>Aims and Objectives of the Project: <i>(SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well)</i></p> <p>The overarching aim is to improve health and care during pregnancy by reducing smoking rates amongst young pregnant women through the development of the optimal local smoking cessation intervention.</p>
<p>Brief Description of the Project and how it operates: <i>(please include background to how the project was initiated, obstacles faced during setup and throughout and how/if they were overcome, training arrangements for staff)</i></p> <p>This project aims to develop an innovative approach to supporting young pregnant women to quit smoking. Uniquely, the project will evolve following a period of deep insights work with young women, service providers within smoking cessation, public health and midwifery across the two localities to understand the perceptions, beliefs, barriers and facilitators to smoking cessation in the target group. The development of any approach to support young women to quit will be co-created with women and embedded within existing local services.</p> <p>Improvements will be achieved through:</p> <ul style="list-style-type: none"> • Developing an intervention based on insights work to establish the right route for support. • Delivering an intervention based on behaviour change evidence to ensure techniques for success are incorporated and underpin the intervention. • Building on existing services in place (based on insights preference) to ensure the intervention is delivered by the right organisation, in the right place and at the right time for young women to engage.
<p>Outcomes: <i>(provide baseline, please also include formal and informal outcomes - e.g. a drop in the number of pregnant smokers, changing attitudes amongst clinical staff,)</i></p> <ul style="list-style-type: none"> • Understanding of local barriers and facilitators to smoking cessation for young pregnant women and local services • Recruitment of young pregnant women onto pilot (50 from each site) • Attendance of programme • Drop-out rate • Qualitative feed-back on programme (from SSS professionals, midwifery team and user group) • No. of quit dates set • No. of quits as verified by breath CO test at 4 weeks, 12 weeks, before delivery and 6 weeks postpartum

- Smoking status recorded at time of delivery
- Improved attitude/behaviour towards quitting smoking
- Pregnancy outcomes (collated 6 weeks postpartum). Please note this is an indicative measure only due to the small sample size.
- Cost of intervention per quitter
- Productivity savings as a result of the intervention per locality
- Increased knowledge and skills of key workers

A comprehensive set of baseline data will be collected from the two pilot sites.

Relationship to current evidence base:

(in particular which evidence was drawn on during the project design?)

Around 165,000 young women aged under 25 give birth each year in England and Wales, approximately 29% of these young mums to be will continue to smoke in their pregnancies. The under 20s (36,000 live births/yr) make up the majority with 36% continuing to smoke throughout their pregnancies and in the 20 -24s 21% smoke throughout pregnancy.

Teenage mothers suffer social and economic deprivation and the impact of teenage pregnancy on the health of mothers and their babies is well documented.

The project was influenced heavily by previous work on Baby be Smoke Free (www.tommysbabybe.org.uk), published in 2013 (Hill *et al*, 2013, Baby Be Smoke Free – development and pilot of a novel web based cessation tool to support young pregnant smokers. *British Journal of Midwifery* 21:485-491) alongside national and international evidence base on smoking cessation in pregnancy and teenage pregnancy generally. The project aimed to challenge the evidence to date on assumptions around smoking in pregnancy within young women and also includes a current literature review of the evidence – both peer reviewed and grey literature.

Evaluation:

(formal and informal, was it published, if an evaluation has not been carried out please explain why not - funding?)

The evaluation will be led by Professor Linda Bauld, Director of the Institute for Social Marketing at the University of Stirling and Deputy Director of the UK Centre for Tobacco & Alcohol Studies. Data collection tools will be designed by Professor Bauld with the project team for each of the measures including:

- Whether women engage with and attend the programme
- Drop-out rate
- No. of quit dates set
- No. of quits as verified by breath CO test
- Smoking status recorded at time of delivery
- Pregnancy outcomes

The above measures will be assessed through data collected using audit tools informed by those used in previous studies. These tools and the analysis will aim to be compatible with the Russell

standard (West, 2005), which is a guideline that specifies how outcomes should be measured in smoking cessation research and clinical work. It emphasises biochemical validation such as CO monitoring, and employs an 'intention to treat' approach, which means that participants lost to follow-up are assumed to have relapsed to smoking

Value for money will be assessed by the collection and analysis of cost data from the programme and comparisons will be made with other published evidence on the unit cost of smoking cessation in pregnancy programmes to assess the cost of specialist telephone & face to face support for pregnant smokers.

In addition, Professor Bauld will work with Tommy's to design topic guides for qualitative research with SSS staff, the midwifery team and the user group and guide the analysis of these data, particularly to assess increased knowledge and skills of staff.

Costs:

(revenue and capital, include detail about equipment costs - CO monitors etc)

The cost of the overall project is estimated at just under £250,000. Full costs will be available at the project end.

Commissioning arrangements and timescale

(is there long term sustainability or was this a short project, please also say who has commissioning responsibility for the project)

Commissioners are involved within the project from the early stages. It is anticipated that the outcomes of the project will be of interest to commissioners.

Any other points the interviewee wishes to make:

(any learning, advice for colleagues setting up a similar project)

That all learnings from this project will be shared widely across smoking cessation, midwifery, youth work to inform and challenge current perceptions and assumptions around youth smoking in pregnancy.