

PHE Smoking in Pregnancy Mapping Project Warwickshire Case Study

Project Title: 'Making tackling smoking in pregnancy a priority for all'
Project Lead: Sue Wild, Paul Hooper
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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>
Locality: <i>(include all known details about where the project is located - hospital/local authority/community centre/Sure Start/neighbourhood/town/region)</i> Warwickshire. The Service covers a large geographical area, 1.975km ² (762 miles ²) and all pregnant women are included.
Aims and Objectives of the Project: <i>(SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well)</i> Warwickshire took the opportunity to build on existing work to implement a whole system approach to reducing smoking in pregnancy. The aim has been to ensure there is an accurate understanding of the scale of the challenge and evidence-based interventions which can contribute to reducing the harm of tobacco during pregnancy. Tackling smoking in pregnancy has been a 'sticky issue' for some time in Warwickshire. In 2012/2013 Warwickshire had a SATOD rate of 17.6%. Of the 6,000 births in Warwickshire during this period, 1,056 were recorded as smoking at time of delivery. This indicated a high prevalence of smoking during pregnancy and was significantly higher than not only England, (12.7%) ¹ but in the West Midlands generally (15.7%). In 2013 the Warwickshire Director of Public Health's Annual Report identified reducing smoking in pregnancy as a key priority.

¹[Local Tobacco Control Profiles](#). Due to the data collection limitations, prevalence is believed to be higher and it is suggested that significantly higher numbers of women are likely to be smoking earlier in their pregnancy.

At that time, Carbon Monoxide testing at booking was increasing but still well below the 95-100% target and the number of referrals to the service were decreasing. There was no evidence to suggest that this was due to falling prevalence, but was more suggestive of a decrease in CO screening at booking; how the opt out system was being used; falling number of referrals from services other than midwifery and, perhaps, a lack of understanding generally in communities and amongst some professionals of the serious consequences of smoking during pregnancy.

A systematic and independent review of smoking in pregnancy in Warwickshire was commissioned from the Tobacco Control Collaborating Centre in early 2014. The review involved a thorough examination of available data and interviews with key players. The final report was presented to the Director of Public Health, Tobacco Control leads, Commissioners and the Specialist Stop Smoking providers. A strategy to reduce smoking in pregnancy was endorsed by the Warwickshire Health and Well Being Board and action was then taken to implement recommendations.

Brief Description of the Project and how it operates:

(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)

All women are offered CO screening at booking; referrals are made using an opt out system; resources are available to maintain the current level of provision available to support women and other household members; generally, in communities and amongst key professional groups the serious consequences of smoking during pregnancy are understood.

The Service covers a large geographical area, which means a significant amount of travelling and down time between appointments.

Outcomes:

(provide baseline, please also include formal and informal outcomes - e.g. a drop in the number of pregnant smokers, changing attitudes amongst clinical staff,)

The recommendations of the systematic review into smoking in pregnancy in Warwickshire will continue to be implemented using recurrent additional financial investment.

Relationship to current evidence base:

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

Evaluation:

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

Costs:

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

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)

Commissioned by Warwickshire Public Health with aim to this leading to a long term and sustainable change in maternity service so that all pregnant women are CO tested and those identified as smokers are referred for stop smoking support as standard routine care.

Any other points the interviewee wishes to make:

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

- It has become clear that to achieve a sustained change in smoking prevalence may take some time but there are evidence-based actions that can be taken.
- Some of the conclusions reached by the independent review will be common to many areas and can be implemented by others.
- Insight work may inform other services.