

## PHE Smoking in Pregnancy Mapping Project Isle of Wight

<b>Project Title:</b> Smoking in Pregnancy
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<b>Target Population:</b> <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>  All pregnant women and their families. Local Insight work was commissioned which focussed on various audiences: <ul style="list-style-type: none"> <li>• Focus on most deprived wards</li> <li>• Women under the age of 25 due to their high propensity to smoke during pregnancy.</li> <li>• Health and family professionals working with pregnant women and young families</li> <li>• Partners and family members that smoke and that live in the same household</li> </ul> <p>The research reviewed current service provision, spent time understanding young women and their influencers, analysed the information and segmented the audience, engaged with health and community stakeholders to identify intervention solutions and recommended effective messages, interventions and activities to influence rates.</p> <p>Contextualising women's lives outcomes:</p> <ul style="list-style-type: none"> <li>• Isle of Wight seen as safe environment, and a good place to raise a family</li> <li>• Transport seen to be challenging and people don't travel far</li> <li>• Frustration that there are limited activities and resources for young families</li> <li>• Concerns about low incomes and limited job prospects</li> <li>• Strong belief in the benefits of being a young mum and that age doesn't influence parenting ability</li> <li>• Expectation that behaviour will be judged</li> </ul> <p>Outcomes of discussions</p> <ul style="list-style-type: none"> <li>• Without pregnancy few, if any, of these women would consider stopping smoking</li> </ul>

- All women knew that smoking was bad for the baby
- Limited knowledge of wider risks for the baby or for the pregnancy itself
- Understanding risk factors was a key motivator
- Many would not have tried to quit without midwife advice
- CO readings were motivational

#### Opportunities for intervention

- Women expect to be asked about their smoking behaviour throughout pregnancy
- Women want to be provided with information about, and referred to, support services available as soon as possible.
- Some women felt the opportunity to be referred for specialist support should be offered more than once as although it may be declined initially there may be more willingness to later in pregnancy.
- The follow-up for subsequent appointments is important, but needs to be handled delicately so women do not feel harassed.
- There is a fine balance to be found between being non-judgemental and providing enough incentive to change behaviour –strong resistance when the women perceived they are being judged.

Those who had accessed the stop smoking midwife felt it was the ideal support: personal, non-judgemental approach combined with expert advice and NRT support.

#### **Locality:**

*(include all known details about where the project is located- hospital/local authority/community centre/Sure Start/neighbourhood/town/region)*

The stop smoking in pregnancy service is delivered by the maternity service through home visits to pregnant smokers.

Alongside this, the Children's Centres have been trained in delivering smoke free homes support for pregnant smokers' families and friends.

#### **Aims and Objectives of the Project:**

*(SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well)*

- To provide a co-ordinating role for smoking in pregnancy
- To actively support pregnant smokers and their families to quit in line with NICE guidance
- To liaise with staff in the midwifery setting regarding smoking cessation support for their patients
- To co-ordinate a range of smoking prevention activities within the midwifery setting
- To monitor, evaluate and report on smoking cessation services and other smoking related activities
- To facilitate the development of care pathways and referral systems for the smoking cessation support systems in the midwifery department
- To develop systems to ensure that smoking status of pregnant smokers is recorded and when and what advice has been given.

- To carry out on-going monitoring and evaluation
- To ensure that service is effectively promoted to maximise uptake
- To embed stop smoking interventions and support as a routine part of ante-natal care
- To work collaboratively with the community. (Children's centres etc.)

**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)*

The general stop smoking service was achieving its targets and adult prevalence was 18.5%. Yet smoking in pregnancy prevalence was 21.5%. Questions were being asked as to why the Smoking in Pregnancy prevalence was higher than the adult prevalence and what could be done? The evidence suggested that:

- Every midwife should be trained to undertake CO monitoring at booking with every pregnant woman.
- Stop smoking support needed to be integrated with the maternity care pathway.
- An 'opt out' referral system was preferable to 'opt in' – all pregnant smokers should be referred to the stop smoking service
- A whole pregnancy approach as opposed to a focus on four week quits.

The above was implemented along with:

- a commissioned midwifery link (stop smoking midwife)
- maternity notes adapted to ensure that hand held notes asked about smoking at every intervention
- a referral pathway developed for partners and family members
- NRT provided to women throughout their pregnancy
- a Smoke free Homes Project, delivered by the Children's Centres.

**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,)*

Early results showed a significant increase in referrals. In the six months prior to the start of the project, 39 pregnant smokers set a quit date. In the following six months 103 pregnant smokers set a quit date. Since 2010/11 prevalence has fallen year on year from 22.1% to 14.8%

Maternity staff have faith in the midwife delivering stop smoking support as she is not only a stop smoking specialist but an expert in maternal care.

**Relationship to current evidence base:**

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

The evidence from [Rotherham](#) and social insight research.

<p><b>Evaluation:</b>  <i>(formal and informal, was it published, if an evaluation has not been carried out please explain why not - funding?)</i></p> <p>No formal evaluation has been completed; only the social insight as it was felt this was a better and more effective use of funding.</p>						
<p><b>Costs:</b>  <i>(revenue and capital, include detail about equipment costs - CO monitors etc)</i></p> <table> <tr> <td>Service:</td> <td>£43,000 per year</td> </tr> <tr> <td>Co Monitors:</td> <td>£7,000</td> </tr> <tr> <td>Smoke free Homes Training:</td> <td>£21,000</td> </tr> </table>	Service:	£43,000 per year	Co Monitors:	£7,000	Smoke free Homes Training:	£21,000
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<p><b>Commissioning arrangements and timescale</b>  <i>(is there long term sustainability or was this a short project, please also say who has commissioning responsibility for the project)</i></p> <p>Currently part of a Service Level Agreement with the NHS Trust with plans to deliver as part of integrated commissioning.</p>						