PHE Smoking in Pregnancy Mapping Project
Buckinghamshire

Project Title: Smoking in pregnancy

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Target Population:
(e.g. nationality, age bracket, socioeconomic status, geographic area, fathers etc. Please also discuss any local insight research which was used or commissioned)

All pregnant women in Buckinghamshire.

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

Aims and Objectives of the Project:
(SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well)

Smoking prevalence in Buckinghamshire is lower than average in both the general community and amongst pregnant women. However smoking rates amongst younger pregnant women and within certain ethnic groups are higher than the national average. During a joint meeting with the CCG, Public Health team and the hospital midwifery team it was identified that while there was a strong will to address this inequality, in particular from the CCG, the hospital did not have any extra capacity. The Public Health team agreed to provide extra funding for a dedicated Smokefree Pregnancy Lead to work with these women.

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)

A team of two offered training to all midwives which was delivered during team meetings. The community midwifery team is comprised of 61 midwives spread across 12 community teams and not all midwives were able to attend the formal training sessions. These midwives were trained by colleagues who had attended the training with the Team Lead assuming responsibility for ensuring this was completed. The training was delivered between February and April 2014 ahead of programme implementation on 1st May 2014.

Training covered use and maintenance of the CO monitor, techniques for discussing tobacco use with clients in a sensitive manner, data recording in the green handheld notes used by midwives and the care pathway for stop smoking support. The rationale behind CO monitoring was discussed, including information about the impact of carbon monoxide on a developing foetus. NICE Guidance on CO monitoring was also covered. All trainees were given a free pen as a gift. The training has now been included in the schedule of mandatory training for midwives which is offered in 3 yearly cycles.

CO monitors were allocated to midwives during the training session with serial numbers of the monitors being recorded against a named midwife. The Point of Care Team advised that as CO monitors are considered to be a medical equipment device which provides results from a test and as such should be subject to stringent reliability tests. After negotiation, it was agreed that the monitors would be tested on a yearly basis to ensure they were working correctly. This testing will be done in conjunction with the testing of other equipment used by midwives, e.g. weighing scales. A protocol was developed to ensure this testing takes place and so approval for the use of CO monitors by midwives was granted by the Point of Care team.

Handheld notes used by midwives in Buckinghamshire already included a section on tobacco use which meant that the notes templates did not need to be revised. Midwives were able to use existing paperwork rather than being trained to use a new system of data recording.

A dedicated smoke free pregnancy lead was identified to work one day per week on the programme and all referrals are sent through her on an “opt out” basis.

A press release notified the community about the inclusion of the test at “booking in 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,)

Attitudes to CO testing amongst the midwives have improved since the programme was implemented. Initial resistance focused on fears of damaging the client relationship, although none of the midwives refused to offer the test to their clients. These fears have proven to be unfounded and most midwives now consider the test to be a useful tool for engaging with clients.

Two cases of CO exposure from boiler malfunction have been identified as a result of the CO test being administered and there have also been incidences of secondhand smoke exposure being detected.

It is too early to draw any conclusions about the success of the programme although a positive change in attitudes towards raising the issue of tobacco use with clients has been acknowledged. The change in culture around offering CO monitoring is gradual but it is hoped that the test will eventually be considered routine and that mothers-to-be will expect to be offered this test as part of standard pre-natal care in the future.

The audit was carried out to evaluate the implementation of the Co monitoring all pregnant women initiative, one year after the launch.

All data for this audit originates from 300 maternity hand-held notes.
These notes record a history of care during a mother's pregnancy, labour and birth as observed by members of the BHT midwifery team.
These notes are stored by BHT after birth.

The hand held notes used for this audit were from Stoke Mandeville Claydon Wing and Wycombe Birthing centre; they represent a selection of live births in Buckinghamshire between January and May 2015.

These births fall in to a timeline that is nine months to a year after the full implementation of the CO monitoring initiative. I.e. The training and supporting community midwives on how to record CO readings of pregnant women at their booking in appointments and again at 28 to 34 week visits.

Age:
Sample Age range – 18 - 44 years

Smoking status:
Total current smokers 26 = 11.5%
Total who quit in last 12 months = 30

Anyone else at home who smokes:
60 lived with a smoker

Discussion recorded (tick boxes on page 21 of notes):
Out of 60 mothers living with a smoker, plus 13 mothers that smoke but do not live with a smoker = 73
(73 mothers exposed to own or secondhand smoke in the home)
22 ticked box – N/A (Not appropriate to have a discussion)
10 were blank (not filled in)
41 ticked box - Had a discussion.

CO taken at 12 weeks:
SMH - 32/140 had test = 22.86% Result recorded
WH - 36/160 had test = 22.5% Result recorded
Therefore 12 week CO testing rate = Approx. ratio 1:5

CO taken at 28 – 36 weeks:
SMH - 3/140 had test = 2.14% Result recorded
WH = 4/160 had test = 2.5% Result recorded
28 - 36 week CO testing = Approx. ratio 1:43

No cannabis or shisha recorded

Referral to BSSS:
Out of 26 current smokers
3 were referred to BSSS = 11.53%
13 declined a referral = 50%
10 not offered referral or had anything recorded = 38.4%

Of the 3 marked as referred, only 2 names were found on BSSS referral/quit manager database.

Ethnic origin:
Of current smokers = 24 European, 1 Caribbean, 1 other white.

Management plan notes:
Out of the 300 only 1 set of notes had any comment about a referral to BSSS

In 'Plans for pregnancy' ticked to show evidence of discussing health issues associated with smoking in the home /secondhand smoke /effect on baby
202 marked N/A
26 left blank
72 offered discussion

Ticked discussion in 'Plans for pregnancy' against current smokers :
Out of the 26 Current smokers notes only 18 had a tick to show discussion given
(8 left Blank)

Ticked discussion in 'Plans for pregnancy' against smokers in the home:
Out of 60 mothers that live with a smoker only 32 had a tick to show discussion given

There was no recording of "yes" or "intention to quit" noted.

Since the audit last Summer, overall figures show:
2014-2015 = 132 referrals, and 22 quits.
2015 year to date = 226 referrals and 17 quits.
This rapid increase appears to be a combination of the cooperation of the midwives plus the appointment of a designated advisor (part time) who only works with pregnant smokers and she is being very affective and is very busy!!
In September 2015, the new IT system has included a mandatory field on CO monitoring. Ongoing evaluation and audit will hopefully be more straightforward.

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?)

An audit was conducted in the Summer of 2015. Results highlighted above.

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)*
Any other points: (any learning, advice for colleagues setting up a similar project) Internal recommendations following the audit: • Repeat audit in one year – extra time for acceptance may improve outcomes. • Ensure all monitors are accurate and tested 12 monthly. • Encourage midwives to ensure good quality batteries are used. • Endorse, the responsibility for CO monitoring lies with Maternity services. • Team Lead's to record CO monitor ownership. • Ensure all midwives have adequate supplies of disposables. • Supply midwives with new NCSCT Midwives briefing • Maintain training opportunities regarding CO monitoring and how CO testing can open up a meaningful discussion. Recognise that help is available with all issues – either through BSSS or the Lifestyle Service and how to access. Secondhand exposure to shisha has been identified as an issue for women in certain ethnic groups and midwives have requested further information so they can discuss this with their clients. Continuity of stop smoking support after the women gives birth has been an ongoing challenge. An Action Plan is currently being developed to identify a pathway for supporting these women to remain smoke free. The maternity service is liaising with health visitors to provide ongoing support.