PHE Smoking in Pregnancy Mapping Project
Wirral

Project Title: The 'MeTime' Integrated Smoking in Pregnancy Service

Project Lead:

Solutions 4 Health
• Leena Sankla MFPH, FRSPH
• Samantha Thompson
• Asiya Kaiser

Project Lead Contact Details:
(email/phone/mobile/address/fax/service or project web address)

Email: Leena.Sankla@Solutions4Health.co.uk
Tel: 07941898810

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)

Pregnant Smokers living in the 20% Most deprived areas of Wirral.

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

Wirral, Merseyside

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

The overall aim of the intervention is to improve the health and wellbeing of pregnant women who smoke and live in areas of deprivation in Wirral by;
• Increasing the number of pregnant smokers quitting smoking throughout pregnancy and two months post-partum
• Increasing the knowledge of pregnant women who smoke about healthy weight issues and raise awareness of the local weight management services
• Increasing self-esteem of pregnant women who smoke using a recognised measuring tool such as the Rosenberg self-esteem scale.
• Increasing awareness and referrals to other appropriate lifestyle services such as sexual health and drugs and alcohol where a need is identified.

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 Integrated model of smoking cessation in pregnancy is aimed at targeting pregnant smokers in the 20% most deprived areas of Wirral. The idea of the programme is to help them with quitting smoking along with increasing their self-esteem and self-management skills in order for them to manage their own quit attempt and lifestyle after intervention completion. The free 12-week course is delivered for an hour and a half each week at venues central to areas of deprivation and transport is provided to and from the group should it be required. Each session is split in to two parts; Section A and Section B, and a resource table featuring leaflets for numerous helpful agencies is always on display. Section A is constant throughout the course and focuses on providing weekly smoking cessation support. Nicotine Replacement products are explained and given, free of charge, as a treatment choice to the women should they wish to use them. Weekly guidance and carbon monoxide readings are also given in this section. Section B is where we deliver our self-management and public health topics. These included;

Week 1 – An Introduction to quitting smoking
Week 2 – Social Influence and Support systems
Week 3 – Stress & Finance
Week 4 –Healthy Eating
Week 5 – Cookery Class
Week 6 – Exercise
Week 7 – Breast Feeding & Post Natal Depression
Week 8 – Careers & Job Prospects
Week 10 – Massage
Week 12 – Relapse Prevention, looking forward & Baby Shower

High street gift voucher incentives were provided at 4, 8 and 12 week quit in order to encourage the women to return for their CO readings. Home Visits are also offered to women as an alternative and a condensed version of the sessions are offered as a one-one.

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,)

	2012 / 2013	**2013 / 2014**	**2014 / 2015**	**2015 / 2016** (*April - Dec)
Total QDS	112	153	168	130
4 week quits	60	92	80	67
4 week conversion rate	54%	60%	48%	52%
12 week quits	46	64	53	61
12 week conversion rate	42%	42%	32%	47%

Relationship to current evidence base:
(in particular which evidence was drawn on during the project design?)

Evidence base	Relationship to service
Local authority commissioners and stop smoking services should ensure that there is sufficient expertise available to meet	Since we started our Me Time service in November 2011 we have constantly evaluated the service. Throughout the

the needs of all pregnant smokers. Women should be involved in the development of services, and health and wellbeing boards should review whether their needs are being met as part of the joint strategic need assessment. **Smoking in Pregnancy – A Call to Action**	year of 2011/2012 the group participants were asked to evaluate each session. From this we were able to see that some of the original sessions including 'Body image', 'Feeling Down and Depressed' and 'Triggers: Tiredness, Lethargy and Pain' were not responded to as well as we had hoped. Therefore, we tried some new sessions throughout 2013/2014 and again, these sessions were evaluated. It was through this process of trial and error that we finally developed the current manual as it stands today.
Local authority commissioners should include a requirement in service specifications that all women are phoned by the local stop smoking service within one working day (24 hours) of receiving a referral and seen within one week. **Smoking in Pregnancy – A Call to Action**	Upon receiving our referrals, we would contact the pregnant women within 24 hours. Initial contact would be through a text message introduction to let the women know that we would be calling within 10 minutes. This allowed them to know who we were prior to contact as we found some women were not answering phone calls they did not know. Upon initial contact to our referrals we aimed to have a very friendly and motivational conversation with the woman to build this rapport and offer an initial home visit introduction before the group has begun. We were hoping this would reassure them and allow them to feel less anxious about attending. From this point they then had our contact details should they wish to call or text at any time.
Local stop smoking services should offer intensive support programmes for pregnant smokers up to the point of delivery and up to two months postpartum (or longer if appropriate to prevent relapse). **Smoking in Pregnancy – A Call to Action**	The Me Time pregnancy service is a very intensive support system for women quitting smoking throughout pregnancy. Specialist advisors offer tailored support for each pregnant woman who signs up to the programme based on their needs and requirements. Constant contact is made throughout the 12 week programme through a variety of Text messages, phone calls, home visits, group sessions, social media and Whatsapp. In 2015/2016 we developed a relapse prevention element to the service whereby once a service user has completed the 12 week programme smoke free they are automatically entered in to monthly correspondence with their advisor followed by a 38 week and 2 month post-partum home visit.
This intervention should be provided by trained staff and be adequately resourced	All of our staff are trained to Level 3 Specialist NCSCT Smoking in Pregnancy.

by local authority commissioners. **Smoking in Pregnancy – A Call to Action**	They also have specialist training on the Me Time pregnancy service.
Local authorities and the NHS should follow the NICE smoking in pregnancy guidance on NRT provision, taking into account the update to the NICE guidance which is expected by 2014. **NICE PH26**	All women were offered a variety of NRT via direct supply with the only exclusions being 24 hour patches and liquorice gum. Women were also offered combination therapy.
Ensure services are delivered in an impartial, client-centred manner. They should be sensitive to the difficult circumstances many women who smoke find themselves in. They should also take into account other sociodemographic factors such as age and ethnicity and ensure provision is culturally relevant. This includes making it clear how women who are non-English speakers can access and use interpreting services	From the moment the women first walk in to the group we aim to create a friendly and welcoming environment. We have a range of refreshments available for them women to have throughout each session and take the time to get to know them individually. We have the radio on very lightly in the background of the groups. This is something we have started this year as it provides some background noise for women when they are waiting for the group to start and makes the atmosphere more inviting. We also allow time for the women to have a chat and a catch up after the session has finished encouraging group bonding. It has been lovely to see strong friendships and support systems being made and to see first time mums be reassured from second time mums within the group. These girls may not have anyone else they can talk to or receive support from outside the group and it is very heartwarming to see some of the women guide the first time mums through some challenging times throughout their pregnancy. As a company, we have many multilingual advisors on hand to offer translation to any service users who may require this.
Involve these women in the planning and development of services **NICE PH26**	Before the Me Time service started we looked in to Social Marketing research around Smoking in Pregnancy whereby 4 different leaflets were developed. We set up a Pregnancy focus group and invited pregnant smokers from our areas of deprivation. The feedback from this focus group allowed us to finalise our marketing campaign and the first draft of our manual. This was then constantly re-evaluated throughout the group by service users and adapted accordingly.
Ensure services are flexible and coordinated. They should take place in locations – and at times – that make them easily accessible and should be tailored to meet individual needs **NICE PH26**	As you will be aware, pregnant women can often be unreliable in terms of attending the group. This is often due to many pregnancies related symptoms such as morning sickness, tiredness, midwife appointments, illness etc.

	Therefore, if a situation has arisen were they were unable to attend the group one week; we have always been able to offer a home visit to ensure they have an adequate supply of NRT and are at the right stage in their quit. There have also been a large handful of women who have been unable to attend groups due to shift patterns in work and we have been able to offer these women home visits around their weekly shifts including evening and weekend home visits. This has often been difficult, with numerous last minute cancellations and out of hour's home visits, but through our flexibility it has meant we could rearrange again at their next availability and ensure they are still on the way towards their quit.
Collaborate with the family nurse partnership pilot and other outreach schemes to identify additional opportunities for providing intensive and ongoing support. (Note: family nurses make frequent home visits.) **NICE PH26**	We have developed strong relationships with a number of local organisations, in particular we have been able to link in with Homestart, the breast feeding support agency. They have been coming in to our group to deliver our Breast Feeding Session where they can provide information and guidance on breastfeeding and many of the women then choose to attend HomeStart groups on Breast Feeding and Bump Start.
Work in partnership with agencies that support women who have complex social and emotional needs. This includes substance misuse services, youth and teenage pregnancy support and mental health services. **NICE PH26**	Having a wealth of literature available on our resource table covering a wide range of common pregnancy problems and advice has proved a great success. This table has allowed women to access other services aimed at improving health and wellbeing. These include; Healthy start vouchers, Homestart, Forum housing, NHS services etc. When signing up to the programme we have offered referrals in to other NHS services such as Drug and alcohol, Sexual health, Mental Health and Weight management. We now have robust referral systems set up with these agencies.
Partners and other in the Household who smoke Provide clear advice about the danger that other people's tobacco smoke poses to the pregnant woman and to the baby – before and after birth. Recommend not smoking around the pregnant woman, mother or baby. This includes not smoking in the house or car. Offer partners who smoke help to stop	Significant others were invited to join in with the pregnant service users quit. Specialist advisors would go through the risks and dangers of second hand smoke and promotion of smoke free homes both during group sessions and home visits. We were unable to invite significant others along to the group sessions as it was strictly a female only group but during home visits we often supported partners,

using a multi-component intervention that comprises three or more elements and multiple contacts. Discuss with them which options to use – and in which order, taking into account: their preferences contra-indications and the potential for adverse effects from pharmacotherapies such as NRT the likelihood that they will follow the course of treatment their previous experience of smoking cessation aids. Do not favour one medication over another. Together, choose the one that seems most likely to succeed taking into account the above **NICE PH26**	parents and friends to quit alongside the pregnant service user via the local voucher scheme.

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

From the 168 clients who registered on our service from 1st April 2014 – 31st March 2015 100% set quit dates, 80 (47%) became successful 4 week quitters, and 53 (32%) then went on to become 12 week quitters. We had 9 repeat sign ups who had either relapsed or were lost to follow up for their first quit date, all of whom signed up again within the same pregnancy.
Although the number of 4 week quitters is lower than 2013/2014, the percentage of 4 week quitters becoming 12 week quitters is higher (66%) compared to last year (59%). This is showing the new design of the course is focusing more on relapse prevention and when we do manage to get the women to quit, they predominantly remain smoke free at 12 weeks.
Seventy six percent of the 168 sign ups resided in the 20% most deprived postcodes on Wirral which still remains higher than our 65% target set in our KPIs. All women who completed the Rosenburg Self Esteem scale upon signing up to the course had increased or remained constant after the 12 week intervention.
Ninety eight percent of quits were CO validated which is much higher than the national average of 69% and the 85% requested from the DH's Stop smoking delivery and monitoring guidance but, most importantly, it is above our 85% target set out in our KPIs.
The majority of women accessing the service were aged between 20-30 with % (105) of the women fitting in to this category. This was followed by ages 31-40 (33), 17-19 (24), under 16 (4) and only two women registering over the age of 41.
Thirty nine percent of the women using our service were Routine & Manual workers, thirty percent were Unemployed or Never Worked followed by Home Carer (9%), Intermediate (7%), Sick, disabled or Unable to work (5%), Managerial and Professional (4%), Full Time Student (4%) and Unable to code (2%),
In addition to the 168 sign ups of pregnant smokers, we have also supported 25 significant others registered with our service which has consisted of partners, friends and family members. From this we successfully helped 10 significant others to remain smoke free at 4 weeks and 4 at 12 weeks.

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

Commercial in Confidence.
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)* The service was commissioned by Wirral Council, and the project received a 3-year funding. The programme/model was developed by Solutions 4 Health.
Any other points: (any learning, advice for colleagues setting up a similar project) This is an integrated model, that delivered a specialist service to pregnant smokers and provided additional lifestyle support in addition to smoking cessation such as healthy eating, physically activity, body image, stress management etc.