

PHE Smoking in Pregnancy Mapping Project Somerset

Project Title: Mums2Be Smokefree
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Target Population: All pregnant smokers and their significant others
Locality: Somerset
Aims and Objectives of the Project: To train all health professionals in brief advice and the referral pathway To obtain referrals for every pregnant smoker within the first 15 weeks of pregnancy To contact those referrals within 24 hours To achieve a first visit within 14 days To maintain contact with the client on a regular basis To obtain a co reading at every contact To offer an holistic approach to their treatment including direct supply of dual therapy NRT To empower the client to achieve and maintain a smoke free status
Brief Description of the Project and how it operates: Mums2beSmokefree or M2Bs is a smoking in pregnancy voucher incentive scheme that has been operating in Somerset since November 2009. Originally a pilot in the town of Yeovil, it has since been rolled out countywide. The scheme has an opt out system. A total of five Stop Smoking Practitioners offer 127.5 hours weekly to provide holistic support to women and their significant others in a range of settings and at a mutually convenient time. The two acute trusts have a Specialist midwife for 7.5 hours weekly. These midwives operate a risk perception clinic and champion the midwives, ensuring that all pregnant smokers are referred. The majority of hospital and community based midwives from Yeovil, Taunton and Frome hospitals have been trained in very brief advice on stop smoking support during their mandatory training. This training continues on a monthly basis. Each Midwife has their own co monitor to undertake co screening at each booking visit. More recently we have begun training Health Visitors and the GetSet services in brief intervention and the referral process. Women are referred to the service by Midwives, GPs, Consultants and other Health Professionals, the majority are referred at their first appointment with the midwife. Women are allocated one named practitioner, who will support them throughout their

entire quit attempt.

Practitioners offer intensive behavioural support alongside pharmacotherapy (direct supply), seeing their clients at least once in every two weeks and making telephone or text message contact in between. Each client will have support until their baby is six months old and sometimes beyond, if they require it.

Clients are also able to contact their practitioner at other times without the need for an appointment if required.

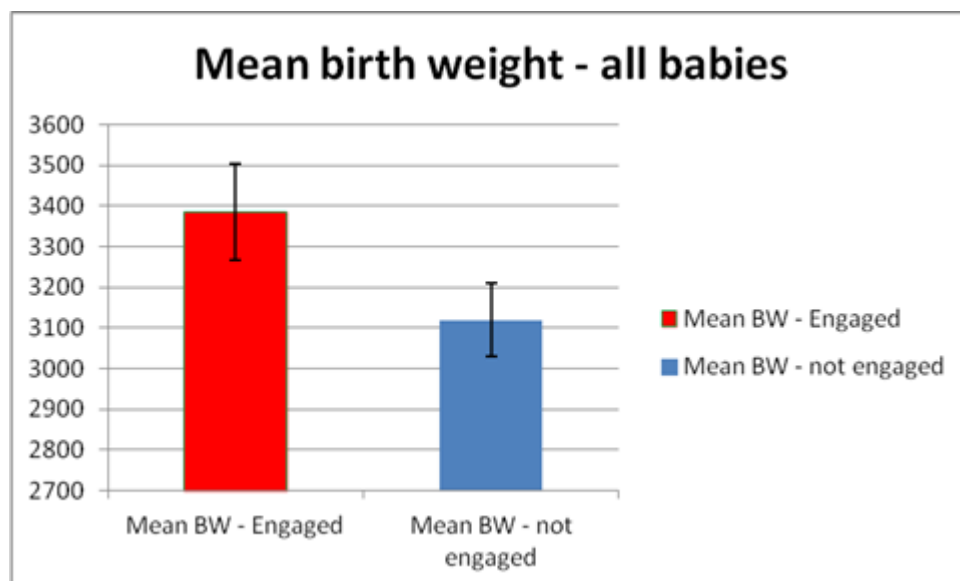
Love2Shop vouchers will be issued to pregnant women on a CO verified smoke free status from one week quit to six months after delivery (up to £200 in total)

We also support partners and significant others to quit alongside the pregnant woman

Outcomes:

In 2011 overall smoking prevalence in Somerset was 19.2% which was slightly lower than the average in England (20%). However, when reviewing the data available for smoking rates amongst pregnant mothers, Somerset had significantly higher rates than other areas in the South West and in England. The most recent data suggested that 17.9% of mothers in Somerset were smoking at the time of delivery as compared to a 13.1% rate on average in the South West and a 13.2% mean rate for the whole of England. Somerset County Council set a target of **14% by the end of 2014** and this was achieved.

The evaluation carried out in 2013 showed the birth weight comparisons of those women who did and didn't engage in the service, the results were very positive.



Also of those women who didn't engage there were 3 stillbirths, 13 miscarriages and twice the amount of SCBU admissions.

More recently 2014/15 figures indicate that Somerset had the highest number of women setting a quit date and the highest number of quitters in the Southwest.

We have also set a robust scheme in place with the midwife team:

Every midwife must attend the mandatory training on an annual basis, this training is RCM approved and delivered by an approved trainer

Every woman is asked at booking for their smoking status

Every woman undertakes a co screen

Every woman is referred. In the case of a woman opting out, she will attend the risk perception clinic and will be offered a repeat referral

Every woman is asked their smoking status at every opportunity

Every woman is asked their smoking status at delivery which is then accurately recorded

Relationship to current evidence base:

The NICE guidelines have been used to develop the M2B pathway and adhered to very closely to ensure that all recommendations have been met.

Our referral pathway follows recommendation 1 of the NICE Guidelines.

We have ensured that recommendation 2 of the NICE guidelines is followed by training all health professionals in BI training and the referral process.

Recommendation 3 of the NICE guidance is followed as all women are contacted with 24 hours. We have a ridged call text and letter system in place and then if after 9 contacts we are still unable to speak to the woman or if she declines our service, we report back to the midwives who will ensure to speak with the woman at the next opportunity.

We use CBT, MI and self-help which is in line with recommendation 4 of the NICE guidance. We also offer co screening at every home visit which is usually every 2 weeks, NICE recommends 4 and 12 week co screens. We record women with a co of 4ppm or below as a non-smoker rather than the 7ppm or 10 ppm documented. All women who have quit just before or since conception are referred to the service, again in line with recommendation 4.

Recommendation 5 is the use of NRT in pregnancy. We always discuss NRT and the majority of women we see use dual therapy NRT at least for the first few weeks. This is given as direct supply.

Recommendation 6 is met with our client centred manner. We offer home visits or at a venue of choice on a day or time that suits. We offer telephone support and an online social media support group. Every woman has the practitioners mobile number to text or call should she need.

We also meet recommendation 7 as we support partners and significant others, also offering direct supply of free NRT if required or varenicline via the GP or Pharmacy.

We offer training to all health professionals on a regular basis ensuring that recommendation 8 is met.

The Cochrane report clearly states that voucher incentive schemes are positive when used with pregnant smokers. In its conclusion it states "Incentive schemes conducted among pregnant smokers improved the cessation rates, both at the end-of-pregnancy and post-partum assessments."

Two controlled trials results were as follows

- Derbyshire – 20% quit in voucher group v 10% in control group
- Scotland – 22.5% quit in voucher group v 8.6% in control group

Evaluation:

The Mums2Be Smokefree scheme is a successful evidence based voucher incentive scheme offering a gold standard service to all pregnant smokers in Somerset. The service has recently been recognised and documented in the new Pregnancy Challenge report for our robust referral pathway.

The service has good partnership working with other agencies ensuring that the same message is being given to all women at every opportunity.
The service undergoes constant development in line with current guidelines to ensure best practice is maintained.

Costs:

Commercially Sensitive

Commissioning arrangements and timescale

Commissioned by Somerset County Council

Any other points the interviewee wishes to make:

The Mums2Be pathway document is available if it is required.