

Reducing smoking in pregnancy

Local Maternity System case studies

This [Smoking in Pregnancy Challenge Group](#) publication presents three case studies from Local Maternity Systems (LMS's) which are working proactively and collaboratively across local areas to reduce rates of smoking in pregnancy. These case studies can serve as examples of good practice for others looking to expand their programme of work in relation to smoking in pregnancy.

You can view more detailed discussion of these case studies in the Challenge Group webinar '[Local Maternity System opportunities and case studies](#)'. (February 2019)

The Challenge Group has also produced **tailored briefings** for each LMS containing links to key guidance and resources, LMS level and regional data, suggested actions and contact details for local authority tobacco control leads. The template briefing can be downloaded [here](#).

To request a copy of the briefing for your LMS please email admin@smokefreeaction.org.uk

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1. Greater Manchester and Eastern Cheshire LMS

Strategic Aim

Reducing rates of smoking in pregnancy is a key part of our implementation plan for Better Births and the Greater Manchester Making Smoking History strategy to cut smoking rates at an unprecedented pace and scale. The programme vision is to reduce smoking in pregnancy across GM through a standardised smokefree pregnancy pathway so that SATOD rates are less than 6% by 2021.

Plan

We are taking a system-wide approach to smoking in pregnancy delivered via the Babyclear model. This is an evidence-based approach, developed by the Tobacco Control Collaborating Centre (TCCC), which aims to embed organisational change in line with NICE guidance (PH26). It includes a risk perception intervention for those who continue to smoke at their booking scan. This approach was [trialled](#) in North East England and was associated with a significant increase in rates of quitting by delivery.

Funding

This work is funded by Greater Manchester Health and Social Care Partnership as part of the devolution deal.

Action

We have also included a smokefree pregnancy incentive scheme to support those who find it hardest to maintain a quit status. This is the first time the Babyclear model has been implemented in conjunction with an incentive scheme. This approach includes:

- Provision of CO monitors to all midwives who CO screen in pregnancy.
- Specialist smoking cessation advisor training.
- The introduction of 14 maternity support workers to create links with specialist services or provide cessation support in areas without sufficient specialist stop smoking capacity. The maternity support workers work alongside localities to support the specialist stop smoking midwife in delivering cessation support to women. The specialist stop smoking midwife works to embed the programme locally and provides mentoring and supervision of practice for the maternity support workers.
- Provision of stop smoking support to all family members to promote smokefree homes and families.

Evaluation

Accompanying the programme we are conducting a service evaluation with the University of Stirling that will examine the effectiveness of both the new pathway pre and post Babyclear and incentive scheme. The evaluation includes a randomised control trial of the



post-partum element of the scheme which provides extended support for up to 12 months to prevent relapse to smoking.

*Jane Coyne, Smoke Free Pregnancy Programme Manager,
Greater Manchester Health and Social Care Partnership*

2. West Yorkshire and Harrogate LMS

Strategic Aim

Smoking in Pregnancy is embedded in the prevention plan for the LMS and the Safer Maternity Care action plan. By reducing the prevalence of smoking in pregnancy (SiP) we can contribute to a reduction in stillbirths (which have been declining since 2015), ensure that our maternity services are supported to meet the requirements of the '[Saving Babies' Lives Care Bundle](#)' and support requirements of the [CNST \(Clinical Negligence Scheme for Trusts\)](#).

Funding

The initial phase of this work across Yorkshire and the Humber was funded by Y&H Maternity Clinical Network and PHE. For the work at WY&H LMS level the costs include employment of Public Health LMS Lead (part-time and SiP is included in the role), administrative costs. Participant's time is covered by their own organisation. Extra funding for transformation of services is not available at present.

Phase 1

The initial phase of our work to reduce the prevalence of SiP was undertaken through a regional partnership which included Yorkshire and the Humber (Y&H) Clinical Network, Public Health England Y&H and the three LMS's in Y&H. To identify how best to embed treatment for smoking in pregnancy in the LMS's two workshops were held with a range of colleagues from maternity services, commissioning, public health and service provision.

Phase 2

Following the first workshop, it was agreed that a whole system mapping exercise needed to be undertaken to identify what provision and services were currently in place, how they were commissioned and how these could be embedded across an LMS. The second workshop reviewed the outcomes from the mapping exercise and identified: 'What extra support is needed at an LMS level?' and 'What should the LMS SiP prevention and treatment journey look like throughout pregnancy?' Three outputs (documents) were developed as a result of this initial work and provided to each LMS for implementation:

1. SiP Pathway for Yorkshire and the Humber
2. Supporting a Smokefree Pregnancy for LMS's
3. SiP Pathway Preconception to Early Years Touch Points

Actions

West Yorkshire and Harrogate LMS are now working towards the implementation of these outputs to reduce SiP prevalence across the whole system. In January 2019 we launched a prevention and postnatal work stream which includes partners from health, local authority, commissioning, social care and the voluntary sector. This work stream will:

- Embed the touch points across all partners within the LMS to ensure women have seamless and equitable services across West Yorkshire and Harrogate.

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- Undertake a deep dive into stillbirths across the LMS with a focus on behaviour choices (including SiP) and socio-economic status, access to services and other health inequalities.

Evaluation

The key **successes** of this work have included:

- Strong collaboration across LMS's in Y&H supported by PHE and the Clinical Network NHSE;
- Multi-organisational working across the system to share information and good practice;
- Sharing the challenge at scale and then implementing the changes at an LMS level.

*Emmerline Irving, Programme Manager for Prevention and Maternity
(Public Health and Prevention)
West Yorkshire and Harrogate Health Care Partnership*

3. Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby (DDTHRW) & Northumbria, Tyne, Wear and Durham (NTWD) LMS's

Strategic Aim

Durham, Darlington, Tees, Hambleton and Richmondshire and Whitby (DTHRW) LMS board encompasses four CCGs, seven Local Authorities and three maternity providers. It works very closely with neighbouring LMS board Northumberland, Tyne and Wear and North Durham (NTWD). The two LMS boards have pledged to improve the health of the population by setting seven key ambitions to improve public health in maternity services. An LMS Prevention Coordinator has been employed on a full time, seconded basis by both of the LMS boards to focus on these areas of work.

Smoking in pregnancy has been made the key priority by the two LMS boards due the region having above average smoking rates which, as well as being linked to maternal health, is strongly correlated to high neonatal admissions, still births, sudden infant deaths and low birth weight in the region. The LMS ambition is to reduce smoking in pregnancy to 5% by 2025.

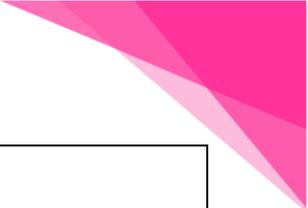
Plan

Benchmarked again NICE [PH26](#) guidance, an audit report of maternity service provision for pregnant smokers was conducted by the champion Midwife on behalf of the LMS Prevention team. Following the audit a list of key recommendations were developed and shared for discussion at a regional event focused on smoking in pregnancy. The event was supported by the North East Clinical Network and brought together representatives from every Local Authority, some CCG's, some Health Visiting services, most stop smoking services, some substance misuse services and all maternity units.

A week after the event, interested maternity staff from across each trust were brought together to consider how the recommendations would be practically put into practice and how any barriers could be overcome. Some staff were identified to form part of a regional SiP working group in order to develop the work further.

This working group identified a number of strategic objectives:

- Maximise data collection;
- Link policy to practice gaps as part of a bespoke public health plan for each maternity unit that reinforces the routine work of delivery of [PH26](#) and [PH48](#) guidance;
- Support the roll out of H&SC funded training places and embed future training;
- Devise a regional working group that will develop a regional pathway that improves consistency in practices and terminology;
- Support local area multi-agency development groups to aid quicker specialist support;
- Improve communication of SiP concern with the CCG's.



Action

With the support of [Fresh NE](#), the region's tobacco control commissioners were presented with a call to prioritise smoking in pregnancy in the North East. SiP has been made a standing agenda on many cross agency groups where maternity is the focus and many of the Local Authorities have launched a specific task group with maternity to develop their local services.

Many professional groups have been engaged to discuss how work could be embedded into their practices, e.g. Health Visitors could CO monitor in the postnatal period and information around smoking in pregnancy could be shared in the Child health book in the antenatal period.

The work is fully supported by the local Maternity Voices Partnership who are disseminating a survey to capture women's perspectives of support they received when they smoked during pregnancy.

*Becca Scott, Regional Local Maternity Systems Prevention Coordinator,
DDTHRW and NTWD LMS's*