

PHE Smoking in Pregnancy Mapping Project Tobacco Free Futures

<p>Project Title: Supporting a Smoke Free Pregnancy (Incentive) Scheme 2012-13</p>
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<p>Target Population: <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></p> <p>Pregnant smokers, regardless of age or stage of pregnancy living in a challenging environment:</p> <ul style="list-style-type: none"> • Living in an area of high smoking prevalence or deprivation • Smoked during a previous pregnancy • Living with a smoker • Teenage pregnancy <p>However, local practitioners were given the discretion to exercise their professional judgement to determine if individual women were living in a 'challenging' environment.</p>
<p>Locality: <i>(include all known details about where the project is located- hospital/local authority/community centre/Sure Start/neighbourhood/town/region)</i></p> <p>The project was delivered across the North West Region. 17 (of a possible 24) local areas participated in the scheme. At a local level the scheme sat within existing delivery mechanisms and was therefore delivered within a range of settings and by a range of practitioners e.g. smoking cessation specialist advisors, midwives and health trainers.</p>
<p>Aims and Objectives of the Project: <i>(SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well)</i></p> <p>The primary aims of the Supporting a Smoke Free Pregnancy Scheme (SaSFPS) were to:</p>

- improve the health of pregnant women
- reduce health risks to their unborn children

The specific goals, which included an individual recruitment target for each locality, were:

- support a cohort of pregnant smokers to set a quit date and achieve a CO validated 4-week quit
- provide enhanced smoking cessation support to those women who achieve a 4-week quit, to enable them to remain smoke free throughout pregnancy and for at least 12-weeks post-partum
- support work to improve the local collection and recording of SATOD.

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 SaSFPS was structured around the key pillars of:

- Quasi-financial incentives in the form of “Love to Shop” gift cards that could be spent in a range of high street shops. Each woman was eligible to receive, over specified phases, a maximum of £260 worth of cards – if she was recruited in the early weeks of pregnancy and remained smoke free at the 12-week post-partum point.
- Regular, weekly for the first 4-weeks and at least 4-weekly thereafter, support from a stop smoking advisor (or other health care professional) throughout pregnancy. These sessions included CO monitoring to confirm smoking status.
- Regular contact, at least 4-weekly, during the post-partum phase, and a face-to-face meeting and CO validation at the 12-week post-partum point.
- The option to identify and recruit a ‘Significant Other Supporter’ (SOS), who was either a non-smoker or quitting in partnership with the women. The SOS was also entitled to receive gifts cards to the value of £40 if they, and the woman, were smoke free at the 12-week post-partum point.
- Advice and support to create a smoke free home was provided.

Each locality identified a named project lead whose role was to manage and facilitate the delivery of the scheme locally, ensure accurate data collection, ensure secure submission of the data and oversee the use of the vouchers in line with local policies and procedures. To support them in this, Tobacco Free Futures developed a comprehensive training programme and a portfolio of resources. Having attended the one-day training programme, project leads cascaded the training locally.

The project ran across a 15-month period with data being collected and analysed 3-monthly and feedback as part of a 3-monthly network meeting provided to problem solve, share best practice and update on research and developments within the field; this network was crucial to the smooth running of the scheme.

Women’s views and experiences of participating in the scheme were assessed via a semi-structured, self-completed, anonymous questionnaire delivered as a snapshot in time across one month mid

scheme. All women engaged in the scheme at that time, regardless of their stage of pregnancy, were invited to participate.

This scheme was based upon the [Pregnancy Reward Scheme](#), an incentivised relapse prevention programme for pregnant women, evaluated by the UK Centre for Tobacco and Alcohol Studies and the University of Stirling. This scheme provided the groundwork for the SaSFPS and was the forum within which obstacles were conquered; of note here gift cards or vouchers could not be used to purchase tobacco or alcohol.

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)

Key project data indicates that:

- The majority of localities achieved their recruitment target – 403 women participated
- 69% (n=279) of those women recruited set a quit date and achieved a CO validated 4-week quit
- 71% (n=200) of those who were quit at 4-weeks remained quit at time of delivery
- 51% (n=142) of those who were quit at 4-weeks were still not smoking at 12-weeks post-partum
- Examination of the data recorded by maternity services across the 17 participating localities revealed that 16% of women CO validated at time of delivery as a result of participation in the scheme were inaccurately recorded as smoking in the SATOD data

Additional data generated through the survey of the pregnancy women, provided further evidence of the effectiveness of the scheme and the reasons for its success:

- Respondents were highly satisfied with the support provided by their advisor – the vast majority (90%) felt that their advisor had provided everything they needed and more
- 68% felt that the vouchers were important or very important in helping them to quit and avoid relapse
- Support from significant others - having someone to support them through the process - was valued. 70% of women enrolled a significant other supporter. 58% of those with a supporter indicated that the help most commonly given was being there when needed
- 96% found CO monitoring reassuring and helpful in staying them smoke free
- Amongst respondents, those living in smoke free homes increased from 53% to 97% while participating in the scheme

Relationship to current evidence base:

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

The SaSFPS was based on and reinforces the evidence of four US studies and a Cochrane Review. It reinforces the Scottish RCT, [NICE](#) Recommendations and the previous [NW Pregnancy Reward](#)

[Scheme](#) and, more recently, the study undertaken by [Tappin and Bauld](#) (2015) in demonstrating that the use of incentives combined with structured support from a stop smoking advisor is an effective means of enabling pregnant smokers to give up and avoid relapse up to and beyond the birth of their baby. It adds to the evidence that this combined approach is more effective than standard stop smoking support for pregnant women which relies solely on the stop smoking advisor support.

Evaluation:

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

An [independent evaluation](#) was conducted by Jon Dawson Associates. The report has been widely disseminated across the NW and beyond: summary of findings are:

- In summary, the SaSFPS, reinforces evidence presented in US studies, the Cochrane review, NICE recommendations and the earlier North West Reward Scheme that incentives can enhance the effectiveness of stop smoking support for pregnant women –and generate real and cost-effective health benefits for women and their babies. In particular, the high proportion (71%) of women who were quit at 4 weeks and maintained their quit at least until time of delivery is a powerful argument for stop smoking services to adopt the SaSFPS approach.

Costs:

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

The cost is dependent on length of scheme and number of agreed participants.

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 scheme can be commissioned at any time (preferably to commence at the start of a new quarter of any year). The minimum is 12 months but 15 months or more is preferable.