PHE Smoking in Pregnancy Mapping Project
North Tees

Project Title:
babyClear

Project Lead:
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Target Population:
Pregnant smokers

Locality:
Hartlepool and Stockton, North Tees

Aims and Objectives of the Project:

This area of North East England has traditionally had very high smoking rates and above average rates for smoking in pregnancy – currently 18.8%, 2013/14. In 2014/15 18.1% The local NHS Stop Smoking Service has been in place for over 15 years and working with pregnant women has always been high on the agenda. However, six and a half years ago a decision was taken to refresh the services offered to pregnant women and to build on previous experience to develop a service more closely tailored for local need.

The midwifery team have been involved in the service but there was a general feeling that smoking was not always a priority for midwives who have many other health topics to discuss with mothers to be. The publication of the NICE Guidance on supporting pregnant women to quit smoking in 2010 was used as a springboard for refreshing the existing service and increasing its reach.

There are 19 drop in Stop Smoking Clinics in North Tees, plus 12 pharmacies who offer NRT and support for pregnant women.

Introducing babyClear aimed to make smoking a priority within antenatal care, good identification of pregnant smokers through CO validation and referral to stop smoking services for those identified as smokers.

Brief Description of the Project and how it operates:

The original programme was funded by the Public Health team in the local PCT who paid for training for midwives, CO monitors (44 in total) and publicity materials. Each midwife was given their own machine and a briefing on how to keep them in good working order. Training focussed on most effective ways of engaging with pregnant smokers, including providing key phrases to use and developing interactive tools for midwives to use.

A prospective mother's smoking status is recorded at the first maternity contact. When a woman rings to book an appointment with a midwife her details were recorded by a Maternity Care Assistant, who hold Foundation Degrees in Healthcare Science and are experienced in engaging clients. Women who state that they are smokers are then offered a home visit by a maternity care

assistant who is trained in smoking cessation to Level Two. The pregnant smoker is therefore seen before she is booked by the midwife and treated in conjunction with the Stop Smoking Service

As part of their first "booking" appointment, all women were asked a series of questions which explored their understanding of the impact of nicotine and tobacco use on a developing foetus. For example, "are you aware that the risk of miscarriage increases if you are a smoker" etc. These questions were combined with a referral form called the "Smokefree Families Form", completed by the midwife with mothers-to-be- signing an acknowledgement that they have been given information about the risks of tobacco use.
Women who were motivated to quit smoking were then referred to the Stop Smoking Service. Different levels of engagement were employed when speaking to the women, with the expensive cost of smoking found to be a more effective lever than future health impacts in many cases.

Midwifery Care Assistants have played a central role in the success of this project, as have midwives. Midwifery Care Assistants are funded by the Maternity Service and provide advice on a range of healthy lifestyle issues. Home visits are offered on alternate weeks to stop smoking drop in visits to ensure that mothers-to-be are given more intensive support for the first four weeks.

In June 2013 the babyClear initiative was launched in the North Tees area. This programme of engagement involves a more "straight talking" approach than had been used previously. It was hoped that this approach will be more successful in engaging with mothers in "hard to reach" groups who have been unresponsive to a more counselling-centred intervention.

babyClear training was mandatory for all midwives and new CO monitors provided. This programme has been two-tiered with the second tier of "risk perception" training being introduced in 2013. Risk Perception involves offering a more interactive, straight talking intervention to pregnant women with more detailed information about the damage done by tobacco use on the foetus and began at North Tees in Feb 2014. It is funded 50/50 between maternity and the stop smoking service. The use of Computer graphics displaying foetal Carbon Monoxide levels compounds this information. Midwives have worked in partnership with radiographers providing maternity scans so that a woman will receive both her first scan and the risk perception intervention from a Stop Smoking Midwife/Advisor at the same appointment. Additional training has been given to radiographers so they are aware of the 'Risk perception Intervention'.

Outcomes:
Smoking at time of delivery has dropped from 18.9% 2012/13 to 18.1% in 2014/15. Difficulty ensues comparing data, between Hartlepool & North Tees as PCT's have combined to become CCG's.

This approach has meant that women traditionally unconvinced about the harm of smoking on their baby were more motivated to quit and more likely to commit to quitting.

CO monitors are considered by midwives to be an important tool for engaging mothers-to-be and, in some cases, fathers-to-be. Some of the midwives were anxious at first delivering the risk perception intervention but once they saw women listening to the health outcomes of smoking felt the straight talking message was effective.

Yearly audit of midwives notes has shown that midwives are offering CO monitoring to all pregnant women at booking as part of standard pre-natal care.

Relationship to current evidence base:

Evaluation:

Costs:

Commissioning arrangements and timescale

Any other points the interviewee wishes to make:

- Home visit interventions are very labour intensive with cost effectiveness still to be determined. More recently women are now signposted to local stop smoking clinics or pharmacies and offered home visits as a final option if they have no transport and other children
- Continuity of care with the same midwifery assistant seeing the woman throughout her pregnancy and postnatally, is important and should be facilitated where possible.
- The use of Vouchers issued by Midwifery Assistants to pregnant women during home visits would speed up NRT acquisition rather than awaiting prescriptions from stop smoking nurses.
- Providing midwives with key phrases to use when speaking to pregnant women has been effective both in engaging with women and increasing midwives' confidence to discuss tobacco use with their clients.
- There is an ongoing issue of ensuring women remain motivated to quit and continue to engage with the programme, especially when the service is based around home visits.
- Visual imagery to demonstrate the damage done to the foetus from smoking is a powerful tool.
- This programme is entirely paper based with no electronic collection of data.

In the future, it may not be feasible for smoking cessation work to always take place during a home visit. It would be more cost effective for the first appointment to be in the home and for subsequent cessation support to be given via one of the specialty clinics.

This programme is currently provided through the Public Health team in the Local Authority but may be put out to tender in the future.