

**PHE Smoking in Pregnancy Mapping Project
County Durham and Darlington**

Project Title: babyClear
Project Lead: Craig Lee
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Target Population: Pregnant smokers
Locality: County Durham and Darlington
Aims and Objectives of the Project: babyClear™ is a regional approach, supported by Fresh, for tackling the high rates of maternal smoking across the North East of England. It was developed to embed routine identification and referral of pregnant smokers into Stop Smoking Services by midwifery staff. County Durham and Darlington FT was the first Trust to fully roll-out this approach in the North East.
Brief Description of the Project and how it operates: babyClear is an intervention to support pregnant women be smoke free mothers and have healthier babies. The programme is delivered by midwives who CO test all pregnant women. All patients that smoke are automatically referred to the local Stop Smoking Service (LSSS) as part of an opt-out rather than opt-in approach. The programme involves: <ul style="list-style-type: none"> • CO testing for all pregnant women. • Opt out referral systems. • Brief intervention training for all midwives. • Protocols and care pathways reflecting the evidence base and NICE guidance. • Advanced skills training to support Stop Smoking Advisors to work effectively with pregnant women. • Identifying ways to working with pregnant smokers who currently do not engage with the Stop Smoking Services. • Awareness raising and engagement with all health professionals involved with pregnant smokers. • Support to ensure monitoring and evaluation of effectiveness.
Outcomes:

120 midwives/midwifery staff were trained in a standardised three-minute intervention at booking. As part of this training, they received carbon monoxide monitors and all associated leaflets/resources. CO monitors are uniquely numbered to allow tracking of referral rates.

10 Stop Smoking Service administrative staff attended a one-day lead management training session and 33 stop smoking advisors who work with pregnant smokers attended one/two day skills training.

15 midwives have been trained to deliver a more intensive risk perception intervention at the 12-week dating scan, highlighting the risk from continued smoking in pregnancy.

Implementation involved regular meetings with key strategic partners, including the Head of Midwifery, senior midwifery staff, SSS commissioners and providers. Formal approval also obtained from the FT Chief Executive to adopt this approach across the Trust. The local SSS pregnancy lead has managed the day to day process locally, post-implementation, ensuring that all midwives are routinely using their CO monitors at booking, and providing training updates.

- Since full local rollout of babyClear by the end of Quarter 2, 2013/14, the Stop Smoking Service saw a 41% rise in the number of quit dates set by pregnant women, compared to 2012/13 levels.
- This converted to a 43% year on year rise in the number of successful, pregnant 4-week quitters over that same period.
- Over 2013/14 as a whole, the Durham SSS received over 1,870 referrals of pregnant smokers, which represented 45% of ALL referrals into the service that year.
- The risk perception intervention at dating scan (aimed at smokers who declined support previously) has seen 1 in 7 of referred women successfully quitting with Stop Smoking Service support.

Relationship to current evidence base:

Evaluation:

Newcastle and Teesside Universities are conducting a long-term evaluation of the project which will look at the impact of babyClear on things such as birth outcomes, and the impact on staff attitudes. Results are expected imminently.

Costs:

Commissioning arrangements and timescale

Any other points the interviewee wishes to make:

- Securing the highest levels of strategic support within the Trust can help overcome any minor issues, and regular communication between all parties is essential.
- Delivery of tailored training sessions for all staff involved in pathway (midwives, advisors, administrative staff) is vital to improving skills and awareness.
- Head of Midwifery support is crucial in securing attendance from midwifery staff at training. Basic sessions should last no more than 2 hours.

- Standard approach to biochemical intervention at booking is pivotal in making sure that key messages are delivered consistently but quickly. Intervention should last no more than 3 minutes if midwives are to incorporate it into their booking routine.
- Genuine opt-out referral process for all women based on agreed CO levels removes any “judgement” call by midwife
- Trained midwives delivering harder-hitting messages at subsequent appointments to those women who have previously declined support can be highly effective.
- Importance of over-arching strategic project lead, but also “hands-on” management of process by the SSS pregnancy lead locally.