

**PHE Smoking in Pregnancy Mapping Project
Bath and North East Somerset**

<p>Project Title: Bath and North East Somerset Health in Pregnancy Service</p>
<p>Project Lead: Jameelah Ingram, Commissioning lead / Cathy McMahon, Tobacco Control lead, Public Health B&NES</p>
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<p>Target Population: (e.g. nationality, age bracket, socioeconomic status, geographic area, fathers etc. Please also discuss any local insight research which was used or commissioned)</p> <p>All pregnant women who smoke and/or have BMI 30 or more (27.5 or more if south Asian) at booking</p> <p>Priority groups (as per NICE guidelines, pregnancy and complex social factors, include:</p> <ul style="list-style-type: none"> • Women who misuse substances (alcohol and/or drugs) • Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English • Young women aged under 20 years • Women who experience domestic abuse
<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 is based in the Royal United Hospital Midwifery Service and delivers services to women on site, in community centre venues and in the home.</p>
<p>Aims and Objectives of the Project: (SMART targets, KPIs, those set by commissioners and providers, please include informal aims as well)</p> <p>KPI's –Smoking status at time of booking known, % of women who have a CO monitored at booking, smoking at time of delivery</p>

Aims of the service

- Reduce levels of smoking during pregnancy
- Reduce levels of exposure to secondhand smoke
- Maintain weight gain during pregnancy to safe level. US guidelines on recommended weight gain (target of 7-11.5kg in overweight women and 5-9 Kgs in obese women)
- Reduce sedentary behaviour
- To support families to be smokefree in accordance with NHS Bath & North East Somerset Stop Smoking Service protocols
- Support women to make an informed decision about how to feed their baby (0-12 months)
- Access to local services which help families to maintain a healthy lifestyle

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 service started out as a specialist stop smoking service run by a 0.6fte midwife (Band 7). Due to the success of the approach the Public Health team decided to expand the service to include weight management support and wider lifestyle advice. This involved recruiting 2 x wte Maternity Care Assistants (MCA) (band 3) and increasing the midwifery hours to 0.8fte. Staff training was delivered using an apprentice style model whereby the Trainer (Founder of SHINE) introduced the theoretical frameworks and models related to sessional content and then acting as a role model for the delivery of Course One. The Health Improvement Midwife acted as lead facilitator for Course Two, with three further HPSW (support workers) acting as participant observers. The Trainer interjected as and when necessary as a peer support. Rigorous review and evaluation took place at the end of each session by both participants and facilitators and appropriate changes were made to sessions in relation to feedback.

Quality Assurance was monitored in three ways; weekly sessional reviews of training, achievement of seven training standards and acquisition of competency which culminated in submission of a reflective case study. Once all these elements are completed the facilitator is then considered competent to deliver without further supervision. Assessors can be provided by SHINE, or organisations can arrange in-house assessments after successful completion of the assessors training course. There are two trained assessors in Bath.

The MCA's and 2 other specialist midwives were also trained as Level 2 Stop Smoking Advisors. This approach has increased the sustainability of the stop smoking service as it is no longer reliant on one member of staff.

The Health in Pregnancy service supported 231 pregnant women last four quarters on a 1:1 or group basis. Pregnant women who are smokers and/or have a BMI >30 or BMI >27.5 for south Asian women) are automatically opted into the service utilising a new Maternal Healthy Weight Pathway.

The service supports and is in addition to universal midwifery services. It includes recruitment, assessment, intervention, signposting and support to access other relevant services. A non-

judgemental, person-centred approach underpins the service.

All smokers, as assessed by carbon monoxide monitoring at booking and all women with BMI of 28 or more (27.5 if south Asian) are automatically referred to the service.

Each woman receives a holistic assessment of need. Programmes of support involve a minimum of 4 x 1-1 visits throughout the pregnancy. On average a woman can expect to receive 6 x 1-1 appointments, however it is at the clinical discretion of the service if someone requires additional sessions. Partners who are either overweight/obese and or are smokers are welcome to attend the 1-1 sessions which are delivered in the home, at community venues or at the hospital.

The programme during pregnancy covers the following:

To motivate, support and agree goals for lifestyle changes relating to food, activity and smoking.

For the woman:

Healthy eating, skills and knowledge

Advice and support on how to have an active pregnancy

Smoke free advice and support to stop smoking

Promotion of and advice and support for the initiation of breastfeeding

Importance of being active during pregnancy

For family members:

Refer to Healthy Lifestyle Service

Advice on safe drinking limits

Smokefree advice and support (or referral if appropriate)

Post-natal review meeting and referral to other services where appropriate

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,)

Smoking at time of delivery in B&NES (2013/14) – 10.1%

Service quit rate 13/14 = 65%

Engagement of smokers - Q4 14/15 the service was able to make contact with 92.5% of smokers and subsequently engaged 58%.

Mothers are seen for smoking and weight management, smoking is always first priority but weight management tips are woven into the intervention for quit tips.

Relationship to current evidence base:

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

NICE guidance (PH10, PH26, PH48 and CCG110)

Evaluation:

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

The pilot was fully evaluated - available on request and research opportunities to do further evaluation are being sought.

Costs:

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

Service costs £ 86K per annum

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 Service is commissioned by Public Health in B&NES Council, it is an additional service specification attached to the main maternity contract for B&NES. The service has been commissioned since 13/14 in its current form and the current contract runs until 2017.

Any other points the interviewee wishes to make:

(any learning, advice for colleagues setting up a similar project)

A holistic approach using change management skills flexibility is key with very early intervention capitalising on mothers excitement at being pregnant and wanting need to change for their babies health.