PHE Smoking in Pregnancy Mapping Project
Yarmouth

Project Title: babyClear
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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*) All Pregnant women who smoke with pre conception and post-partum clinics included
Locality: *(include all known details about where the project is located - hospital/local authority/community centre/Sure Start/neighbourhood/town/region)* All women who are registered at the James Padget hospital in Yarmouth. This stretches across Norwich, Ipswich, Great Yarmouth and Waverney. All community settings are being utilised e.g., Children's Centres, Sure Start venues.
Aims and Objectives of the Project: (SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well) 2010: 100% CO screening at booking appointment 1005 referral to LSSS
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 BabyClear package contains all the elements needed to offer effective support to a pregnant smoker. It aims to properly identify pregnant smokers at the earliest opportunity and to refer to appropriate local cessation support. Based on NICE guidance, the elements that are required to ensure all pregnant smokers are offered effective support.

- 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
- Ways to reach out to those 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

The BabyClear model was initiated with adaptations made to the referral paperwork. All women are required to sign a declaration they have been CO screened. The outcome of the CO screening is recorded whether the woman is referred to stop smoking services or not.

Initially implemented the Risk Perception Technique, but it was being provided by the local stop smoking services rather than a midwife. This is due to staffing levels.

Also added **– Bump and Beyond** local programme as a follow-up to BabyClear to support beyond pregnancy.

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,)

Achieved 100% referral and improved quits from 50 referrals and 9 quits to 2000 referrals 120 quits.

This is still going well with a significant drop in SATOD rate (however it has been noted that midwives were still using booking notes to determine her status at birth). This was changed over time and the target is not being achieved. Community midwives from the start of the project are still good, but new midwives and recent registrants joining the team alongside trained midwives leaving, not all of the midwifery team are now trained to deliver BabyClear.

Quit rates are still up. With deprivation, teenage pregnancy etc. and the lack of specialist midwives, vulnerable groups are no longer targeted and supported by specialist midwives.

Health Visitors now taking CO monitors.

FNP also trained to Level 2 so they can do the smoking cessation interventions.

Relationship to current evidence base:
(in particular which evidence was drawn on during the project design?)

Pioneering babyClear to build evidence base

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

An evaluation has been completed, available on request.

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

Total budget of £33,000
Included the cost of the CO monitors, training, and launch. Now doing a CO event.   There will be ongoing costs for CO monitors.

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)

Commissioned by NHS Great Yarmouth and Waverney PCT – which no longer exists – intention was for it to be mainstreamed. This has been achieved but there are no new resources to maintain and train new staff.

Any other points the interviewee wishes to make:
(*any learning, advice for colleagues setting up a similar project*)

This type of project needs a champion. There were four specialist midwives who really drove and championed the scheme however only one remains, which is felt to have an impact on the drop in uptake.

We can deliver the training and enforce, but it needs a champion, someone to drive it. babyClear should include follow-up training and yearly appraisals of the scheme with reporting provided by the Tobacco Control Collaborating Centre (TCCC).

Posters with hard-hitting images, created by Gingernut were distributed at the same time. This was considered as contributory to the initial success due to them being designed through insights and co creation and because of the hard hitting nature.