

## PHE Smoking in Pregnancy Mapping Project Leicester

<p><b>Project Title:</b> Smoking in Pregnancy: example of service user who used an e-cig throughout treatment</p>
<p><b>Project Lead:</b> Louise Ross</p>
<p><b>Project Lead Contact Details:</b> <i>(email/phone/mobile/address/fax/service or project web address)</i></p> <p>Email: Louise.Ross@leicester.gov.uk Tel: 0116 454 4000 Mobile: 07824 835 650</p>
<p><b>Target Population:</b> (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>Leicester City has a higher than national average smoking rate, both in the general population and among pregnant women. It was also the first Stop Smoking Service to go ecig-friendly</p>
<p><b>Locality:</b> <i>(include all known details about where the project is located- hospital/local authority/community centre/Sure Start/neighbourhood/town/region)</i></p> <p>Leicester City</p>
<p><b>Aims and Objectives of the Project:</b> (SMARTT targets, KPIs, those set by commissioners and providers, please include informal aims as well)</p> <p>'Stop' helps pregnant women stop smoking by offering the standard treatment package of behavioural support with NRT, but has increasingly seen women who choose to use e-cigarettes</p>
<p><b>Brief Description of the Project and how it operates:</b> (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)</p> <p>Account given by specialist advisor after interview with K (service user):</p> <p>K's baby boy was born 4.014kg, was very healthy, good colour, no asthma although she had asthma when very young as her mum smoked when pregnant in Poland. All seems very well with the baby who is breastfeeding brilliantly &amp; going through for a good few hours at night.</p> <p>K used only the e-cig, virtually from the time I met her 11/11/14 when she was 13 wks. We talked about all the products but she had already bought an e-cig. Her husband at the time said he would help her in the new year but actually was unable to. In fact he developed mental health problems,</p>

and was very difficult throughout her pregnancy but still she didn't smoke. Her 2 daughters 16 & 14 were most supportive.

She used the tank version & 1.8mg which suited her perfectly. At times she used it a lot but she was determined not to go back to smoking.

She was unwilling to use any NRT, so it was the only thing to prevent her smoking during her problems.

In previous pregnancies she was able to stop immediately but this time she struggled until we came to help. It was the support that helped her too as she could ring or text if she had a problem.

Her favourite flavours are blueberry, watermelon & tobacco.

She liked it in her hand all the time although was trying to use it gently & only every couple of hours if she could. Having it near her was most important.

In Poland the kind of help we give is very costly!

She was very worried that she would go back to smoking but felt that whilst she had the e-cig she wouldn't.

She looked on internet about e-cig vaping & it worried her somewhat that it would be bad for baby, but she was pleased that he was content, feeding well, seemingly very healthy.

**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,)*

Sometimes women use the e-cig for short periods or in conjunction with NRT; this was the first time we had a service user who used it exclusively throughout pregnancy. However, we are seeing more now, in 2015-16.

**Relationship to current evidence base:**

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

We take the view that not smoking is better than smoking

**Evaluation:**

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

Numbers too low currently to evaluate

**Costs:**

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

Less than the cost of a course of NRT

**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 Leicester approach will continue.

**Any other points the interviewee wishes to make:**

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

We feel it's important to accept what the pregnant women believe will work for them, and build their confidence about staying smoke free. If that is with an e-cig, it's still harm reduction.