



# A Briefing for Devon LMS

**Smokefree Pregnancy  
Information Network**

**smoking in pregnancy  
challenge group ●**

Dear Colleague

Welcome to your second Smokefree Pregnancy Information Network briefing for Local Maternity Systems. You will receive these briefings following publication of the annual Smoking at Time of Delivery (SATOD) data. If you have not yet signed up to the Smoking in Pregnancy Information Network to receive the latest news and evidence to support your work to reduce smoking rates, please email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk) to join.

On Monday 22<sup>nd</sup> July the Government published its Prevention Green Paper consultation: Advancing our health: prevention in the 2020s. This sets the vision of achieving a smokefree generation – where less than 5% of the population smokes – by 2030. Achieving this vision will require further action to support all pregnant women to quit and especially, focused action in those areas where SATOD rates are highest.

The 2018/19 annual SATOD data showed a disappointing stagnation in the decline in rates of smoking during pregnancy. Nationally prevalence decreased from 10.8% in 2017/18 to 10.6% in 2018/19. However, this is not a significant change, and rates across the country varied from below 2% in areas of London to over 25% in parts of the North West. There is much more to do if we are to meet the Government's ambition to reduce SATOD rates to 6% or less by 2022; and achieve that smokefree vision by 2030.

This briefing sets out:

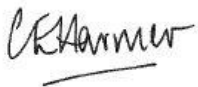
- » An overview of smoking prevalence and SATOD in your local area;
- » Case studies from LMSs and updated Challenge Group resources on key policies to drive down prevalence
- » An update on the NHS Long Term Plan Implementation Framework

Alongside this briefing you're receiving the Challenge Group's new briefing on financial incentive schemes and updated resources on the use of e-cigarettes in pregnancy for healthcare professionals and pregnant women. We hope these resources, alongside the other materials on the Challenge Group's website, will help you drive forward innovative local activity to reduce smoking in pregnancy.

Finally, we would like to invite you to: Supporting a Smokefree Pregnancy: South West event taking place on 18 November 2019. These events will bring maternity and tobacco control colleagues across the region together to consider best practice case studies from local colleagues, national updates on the Saving Babies' Lives Care Bundle and NHS Long Term Plan and discussion sessions giving you the chance to engage with the evidence base and review local practice.

If you would like any further information about the network or the work of the Smoking in Pregnancy Challenge Group then don't hesitate to get in touch: [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)

## Co-chairs of the Smoking in Pregnancy Challenge Group



**Dr Clea Harmer**  
Chief Executive  
Sands



**Professor Linda Bauld**  
Chair of Public Health  
University of Edinburgh

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## 1. What is the Smoking in Pregnancy Challenge Group?

The [Smoking in Pregnancy Challenge Group](#) is a coalition of health and baby charities committed to reducing rates of smoking in pregnancy. The Group was established in 2012 to produce recommendations on how the smoking in pregnancy ambition contained in the Government's tobacco strategy could be realised.

The Challenge Group is a partnership between professional bodies, the voluntary sector and academia. It presented its [original report](#) and recommendations to the Public Health Minister in June 2013 and continues to meet annually to review progress and report back to the Minister. The Smoking in Pregnancy Challenge Group is jointly chaired by Dr. Clea Harmer, Chief Executive of Sands, and Professor Linda Bauld of UKCTAS and the University of Edinburgh.

### 1.1 The case for action

When a woman smokes during pregnancy or when she is exposed to secondhand smoke, oxygen to the baby is restricted making the babies heart work faster and exposing the baby to harmful toxins. As a result, exposure to smoke in pregnancy is responsible for an increased rate of stillbirths, miscarriages and birth defects. The table below highlights the impact of smoking and exposure to secondhand smoke in pregnancy:

Impact of smoking and exposure to secondhand smoke in pregnancy

	Maternal smoking	Secondhand smoke exposure
Low birth weight	Average 250g lighter	Average 30-40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24%-32% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Heart defects	50% more likely	Increased risk
Sudden Infant Death	3 times more likely	45% more likely

Source: Passive Smoking and Children, Royal College of Physicians and Royal College of Paediatrics and Child Health, 2010

## 2. What is the Smokefree Pregnancy Information Network?

The Challenge Group has established the Smokefree Pregnancy Information Network to ensure colleagues across the NHS and local authorities can stay up-to-date with new resources, the latest evidence and upcoming events to support their work to reduce rates of smoking during pregnancy. Members of the network receive monthly updates as well as ad hoc emails about key policy developments such as the NHS Long Term Plan, or Saving Babies' Lives Care Bundle. Further information on the Network and a form to sign-up can be found [here](#).

### 2.1 Smokefree Pregnancy Champions

The Challenge Group has established a network of Smokefree Pregnancy Champions to bring together individuals from maternity units who have responsibility for implementing NICE guidance on smoking. This newly established network is being facilitated by Action on Smoking and Health (ASH) on behalf of the Challenge Group and is intended to provide support if you are the key point of contact on smoking in pregnancy issues in your Trust or LMS. The Network will provide Champions with:

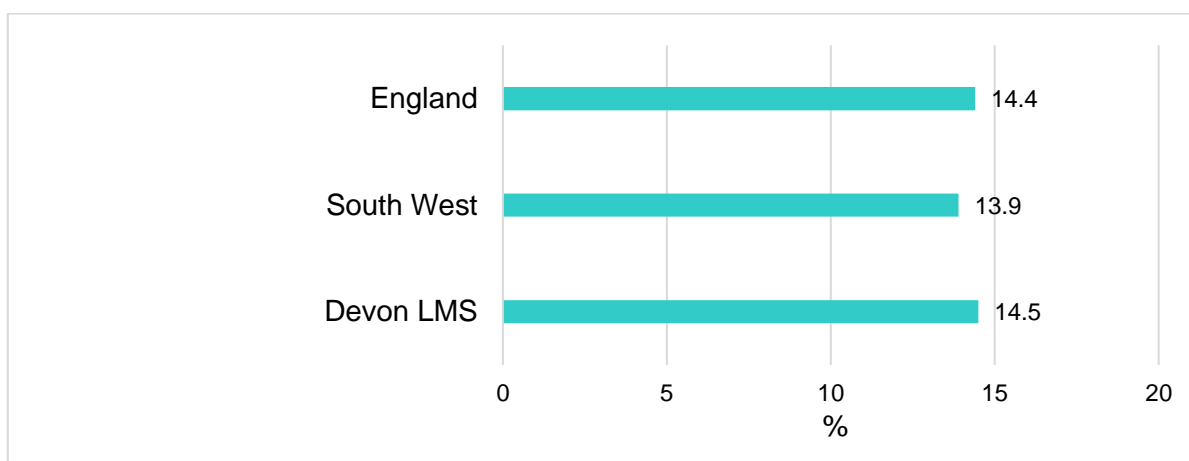
- » Opportunities to share practice and learning;
- » Regular updates on new research, policy development and resources;
- » The opportunity to feed into national discussions on supporting local areas to reduce SATOD rates.

You can find out more about the Champions network [here](#). If you want to sign up as a Smokefree Pregnancy Champion and receive regular updates and feedback then please email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)

## 3. Devon LMS area profile

### 3.1 Smoking in the population

Adult (16+) smoking prevalence in Devon LMS (APS, 2018)



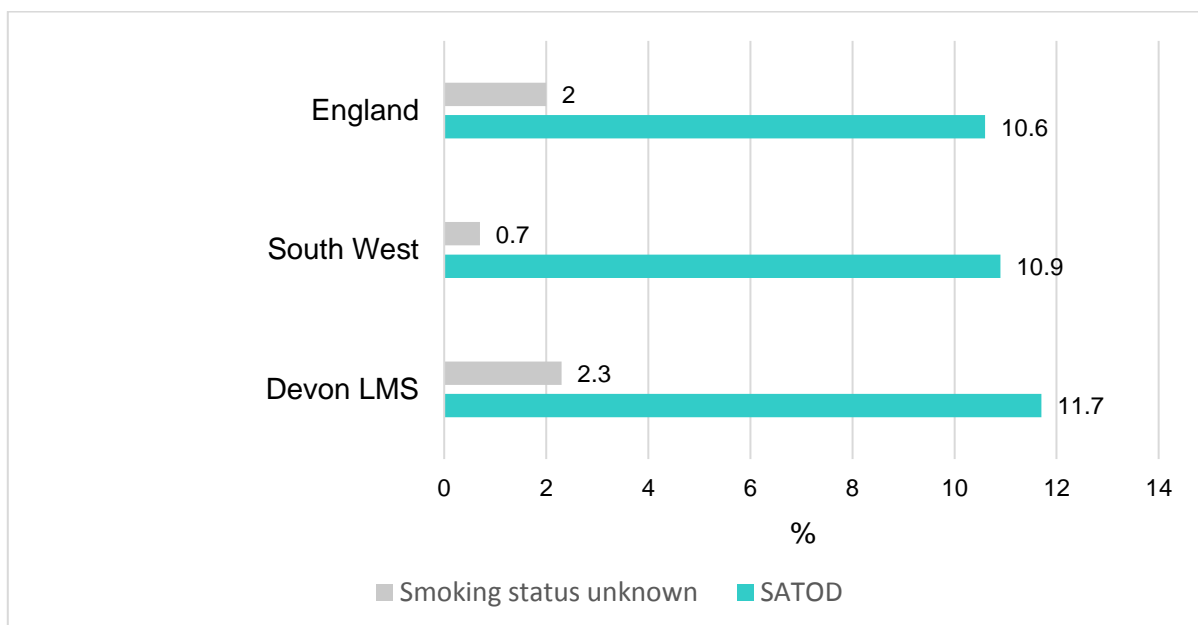
## Smoking prevalence among women aged 18-34 in the South West ([APS, 2017](#))



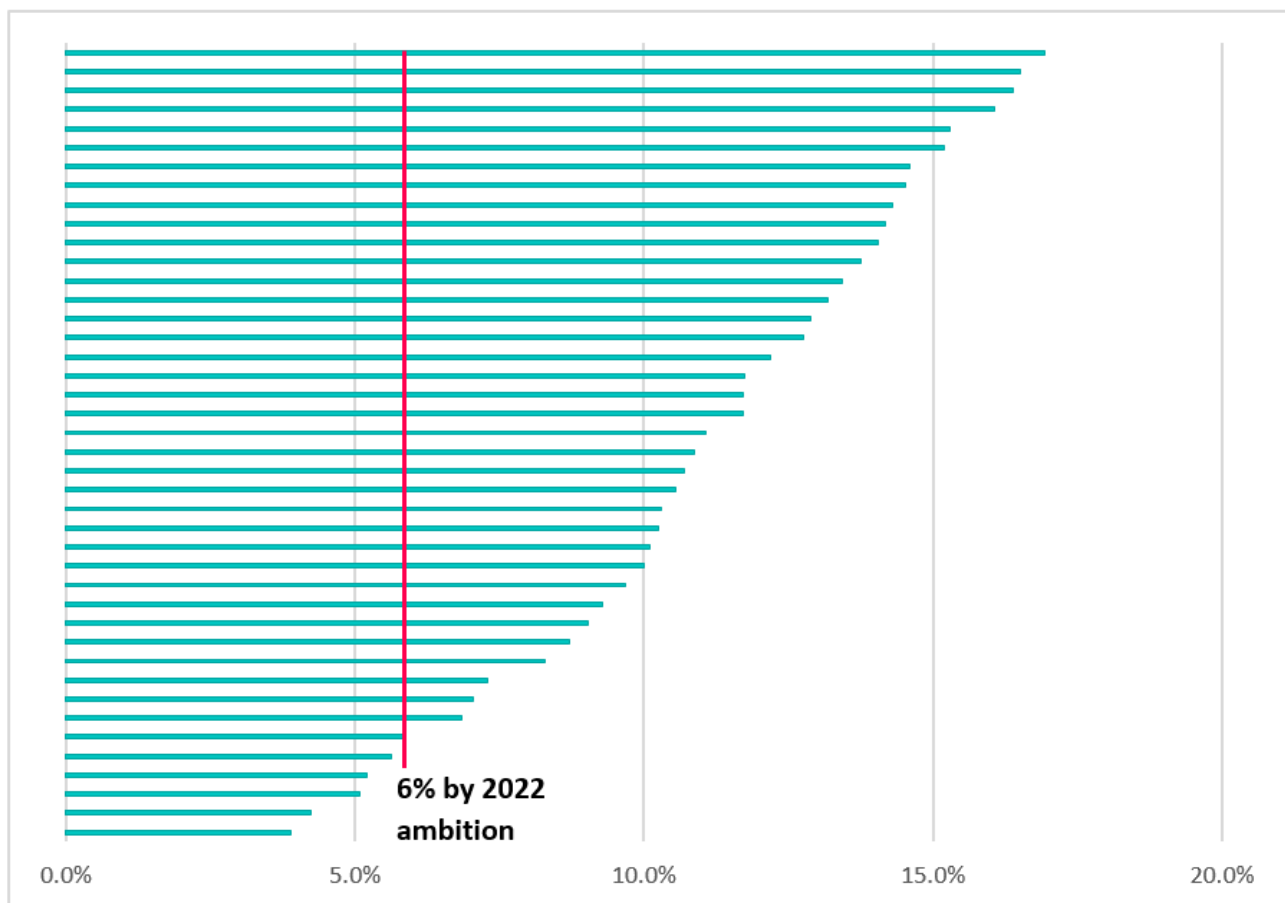
Note: due to small sample sizes, confidence intervals are wide in some groups and estimates may vary from year to year

### 3.2 Smoking among pregnant women

SATOD and smoking status unknown in Devon LMS ([NHS Digital 2018-19](#))



## National variation in 2018/19 rate of SATOD by LMS [\(NHS Digital 2018-19\)](#)



## 4. National policy context

### 4.1 Prevention Green Paper: Advancing our health: prevention in the 2020s

The Government published a consultation on the Prevention Green Paper: [Advancing our health: prevention in the 2020s](#), asking for responses on how the Government can achieve the ambition of a smokefree England by 2030. Published on 22<sup>nd</sup> July, the deadline for responses is 11:59pm on 14 October 2019.

The Green Paper recognises it will be “*extremely challenging*” to reduce the inequalities in smoking rates. It highlights that 1 in 4 pregnant women smoke in Blackpool compared to 1 in 50 in Westminster and goes on to state that: “*Tackling these inequalities is the core challenge in the years ahead. If we are to achieve this vision of a smoke-free future, we need bold action to both discourage people from starting in the first place, and to support smokers to quit.*”

The Green Paper also references the commitment in the NHS Long Term Plan to implement “*a new smoke-free pregnancy pathway for expectant mothers and their partners*” by 2023/2024.

The Challenge Group will be writing to the new Public Health Minister and engaging with both the Green Paper and Long Term Plan processes to ensure that local areas have the resources and support that will be needed to achieve the Government’s ambition.

## 4.2 NHS Long Term Plan Implementation Framework

The [NHS Long Term Plan Implementation Framework](#) was published in June 2019. Details on smoking and maternity services can be found on p15-16. On the Saving Babies' Lives Care Bundle (v2) the framework states:

- » Funding will be available on a fair shares basis from 2021/22 to optimise implementation, particularly the new element on reducing pre-term births.

On the smoking components of the LTP, it commits to:

- » Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21;
- » Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation)

The Implementation Framework is accompanied by a '[System support offer](#)' which signposts the national and regional support that local systems can draw on to develop their five-year strategic plans. Information on maternity services can be found on p14-15.

The Maternity Transformation Programme will provide support for the implementation of the maternity commitments by:

- » Publishing further guidance to local maternity systems (LMSs) through the seven regional Maternity Programme Boards during summer 2019
- » Appointing named maternity and neonatal safety champions in every national, regional and local NHS organisation involved in providing safe maternity and neonatal care to support safety initiatives, including the implementation of Saving Babies' Lives Care Bundle (v2)
- » Producing tools to help systems address and narrow health inequalities, including enabling greater access to the maternity services dataset.

## 4.3 Saving Babies' Lives Care Bundle Version Two

Version Two of the [Saving Babies' Lives Care Bundle](#) was published in March 2019. It builds on Version One and expands 'Element 1: Reducing smoking in pregnancy' to include recommendations for CO testing at 36 weeks and training on CO monitoring and Very Brief Advice (VBA) for all relevant maternity staff. It also adds a new element with the aim of reducing preterm birth and maximising the care of women delivering preterm.

The second version brings together five elements of care:

1. Reducing smoking in pregnancy
2. Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)
3. Raising awareness of reduced fetal movement (RFM)
4. Effective fetal monitoring during labour
5. Reducing preterm birth

## 5. Local action to reduce smoking rates: Case studies

The following case studies highlight proactive, evidence based, collaborative approaches to reducing smoking in pregnancy and protecting children from the harms of secondhand smoke.

1. Supporting pregnant women to quit smoking using e-cigarettes;
2. Using financial incentives to increase quit rates;
3. Working with health visitors to reduce smoking in the home.

## 5.1 CASE STUDY: E-cigarettes – South Tees NHS Foundation Trust

### Strategic Aim

The Maternity Service at South Tees NHS Foundation Trust has developed a supportive and evidence based approach to e-cigarettes which aims to support pregnant women to be smokefree. The key objective of this approach is to enable midwives to provide clear guidance to pregnant women about using e-cigarettes. This means ensuring that all midwives are up to date with the latest guidance, feel confident to have an open discussion about vaping with women and correctly record a 'non-smoker' status for women who have quit smoking and only vape.

### Plan

The Trust has set the deadline of the end of July 2019 for all their Midwives (both Community & Ward) to complete the free Very Brief Advice (VBA) training provided by the National Centre for Smoking Cessation and Training (NCSCT). Maternity services run an annual public health training day that features input from the local Stop Smoking Service amongst others.

### Action

Last year the maternity service supported a community initiative developed from the Smokefree Alliance within one of their rural localities where engagement levels with the Stop Smoking Service were poor but prevalence was high. The goal was to support women who did not engage with the service and their partners/family to switch to vaping by providing access in a rural location. This was a time limited 8 week pilot project involving:

- » Local community development workers;
- » The stop smoking service;
- » The maternity service;
- » A local e-cigarette shop.

The community development workers and the e-cigarette shop staff received bespoke brief intervention and smokefree families training from the Stop Smoking Service. The e-cigarette shop then provided 2 pop-up vape shops in local community venues. Women who smoked but declined multiple times to engage with Stop Smoking Services following referral from maternity services were contacted by the community development workers and invited to attend the pop-up shop.

Maternity have been a key driving force in the Trust's decision to adopt a vape-friendly grounds policy as part of the new Trust Smokefree Policy. They have utilised NCSCT training, have close links with the local Stop Smoking Service and are an active part of the MICH (Maternal Infant Child Health) Smokefree group.

### Funding

The local Smokefree Alliance provided a small amount of funding for resources for the pop up vape shop including flyers. The Community Development workers had negotiated discounted prices with the Vape Shop. There was no cost incurred by the Trust.

### Evaluation

In total, 2 pregnant women and 12 significant others engaged with the pop up shop over the 8 weeks. The 4 week CO validated quit rate was 50% for pregnant women and 50% for significant others. The numbers accessing the scheme were low, but this was targeted in a particular high prevalence locality with those women who had failed to engage with the Stop Smoking Service. Whilst the numbers were very low and more significant others (partners, family & friends) of women engaged with the pop up shop, notably there were 0 people lost to follow ups.

*Joanna Feeney, Stop Smoking Service manager at South Tees Stop Smoking Service & Louise Hand, Project Manager Smokefree Trust at South Tees NHS Foundation Trust*



## 5.2 CASE STUDY: Incentives – Bolton NHS Foundation Trust

### Strategic Aim

Reducing rates of smoking in pregnancy is a key part of our implementation plan for Better Births and the Greater Manchester Making Smoking History strategy. The programme vision is to reduce smoking in pregnancy across GM through a standardised 3 element smokefree pregnancy pathway to achieve smoking at time of delivery (SATOD) rates below 6% by 2021.

### Plan

There are currently three elements to our work around supporting pregnant women to quit and stay smokefree.

1. We are participating in the GM system-wide approach to smoking in pregnancy delivered via the Babyclear model. This is an evidence-based approach, which aims to embed organisational change in line with NICE guidance (PH26).
2. An evidence based financial reward incentive scheme is available during pregnancy to women who quit smoking and receive support and CO validation from a specialist advisor.
3. The third element is a risk perception intervention for those who fail to engage with the specialist stop smoking service and who continue to smoke at their booking scan.

### Action

We have implemented the GM Smokefree Pregnancy programme, which includes signing women up to the incentive scheme at their first visit. Under the scheme:

- » We support women through the first four-weeks of their quit journey with behavioural support and the offer of a £10 'Love2Shop' voucher per week, if accompanied by a valid CO reading.
- » We then see the women monthly until birth, offering £20 per month for a continued CO validated quit.
- » We also offer women on the scheme the opportunity to recruit a person to be their 'significant other' who either joins the mother in quitting smoking or is a non-smoker who will support the woman's quit journey. Significant others are rewarded with £60 'Love2Shop' vouchers if the woman remains quit until birth.

In addition, we provided all our midwives who undertake CO monitoring with Very Brief Advice training, leading to an increase in CO screening levels from 47% to over 90%, as well as increased referrals. Senior leadership support has been imperative to facilitate a whole system approach. We have utilised a specialist stop smoking midwife, supported by three specialist stop smoking maternity support assistants, to embed the programme locally.

### Funding

This work is currently being funded by Greater Manchester Health and Social Care Partnership (GMHSCP) Transformation funding as part of the devolution deal to improve Population Health.

### Early results

We are currently achieving an 83% 4-week CO validated quit rate through the women who are receiving behavioural support from the maternity support workers. The women who sign up to the incentive scheme receive weekly visits to CO validate and support through the first month then monthly until birth. We have seen increased levels of referrals to the service, referral numbers have more than doubled since commencing this scheme and anecdotally, enthusiasm/eagerness to participate by the women has significantly improved.

*Jane Coyne, Smoke Free Pregnancy Programme Manager, GMHSCP*

## 5.3 CASE STUDY: Health visiting – Hackney Council and Homerton University Hospital NHS Foundation Trust

### Strategic Aim

Our goal was to reduce childhood exposure to secondhand smoke in the home, reduce exposure to cigarette smoke in future pregnancies, and improve the health of postpartum women.

### Plan

To embed carbon monoxide (CO) screening of women at the new birth visit or second appointment into health visitor practice. Our Smoking in Pregnancy and After Childbirth Task and Finish Group, which helps to coordinate our work to reduce smoking in pregnancy and postpartum, is supporting the strategic direction of this.

### Funding

The funding has come from the health visiting budget. The costs include:

- » Purchasing a CO monitor for each health visitor;
- » Additional costs associated with monitors (e.g. batteries, mouthpieces, d-pieces, maintenance, cases to protect them);
- » The health visitor smoking champions, who help to train other health visitors and embed CO screening in practice (as time spent on this takes them away from other roles).

### Action

A KPI was added to the Health Visiting specification requiring health visitors to ask women about their smoking status at the new birth visit, with a target to ask 95% of women. Health Visiting also reports on CO screening rates, with the aim for all women to be CO screened, preferably at the new birth visit, otherwise at the second appointment. If the woman smokes, the health visitor talks through the harms of secondhand smoke, the benefits of a smokefree home and asks if they want to be referred to the Stop Smoking Service. This offer is extended to partners/family members who smoke if they are present. To facilitate this, health visitors have each received a CO monitor and training on VBA and CO screening.

The local stop smoking service developed tailored VBA training for health visitors to provide fit-for-purpose knowledge and skills for the health visitor context. This used a train-the-trainer model and builds on the general principles of VBA in a smokefree homes context, covering:

- » If anyone living in/regularly visiting the home smokes and where they smoke;
- » Discussing barriers and motivations for a smokefree home;
- » Offering referral to the local stop smoking service or, if not interested in referral, practical advice to support a smokefree home by smoking outside, using nicotine replacement products or using an e-cigarette;
- » Addressing barriers health visitors feel may prevent them from providing VBA.

The local stop smoking service training lead and three health visitor smoking champions also recently attended an iPiP train-the-trainer session, which used training materials developed through insights work with health visitors.

### Evaluation

At this stage, health visitors are asking all women at the new birth visit about whether they smoke; 60% of women are being CO screened at the new birth visit; and all health visitors have their own CO monitor. New feedback mechanisms are being built between Maternity, Health Visiting and the Stop Smoking Service so that health visitors have information on previous smoking status and referrals/quit attempts. This is coordinated through the Task and Finish Group.

*Abigail Enoch, Senior Public Health Practitioner, London Borough of Hackney*

## 6. Resources to support you locally

There are a wide range of resources which can support you to reduce smoking in pregnancy locally. This includes national guidance from NICE and the NHS; and an extensive set of resources produced by the Challenge Group, the NCSCCT and PHE to help maternity professionals engage with women and families about smoking before, during and after pregnancy.

### 6.1 New e-cigarette resources

The Challenge Group has published three updated resources on the use of electronic cigarettes before, during and after pregnancy. These consist of:

- » An updated [guide for maternity and other healthcare professionals](#), including a summary of the evidence on e-cigarettes and suggested responses to some frequently asked questions;
- » A new, short [key messages document for health professionals](#) working with pregnant women and their babies;
- » An updated [infographic for pregnant women](#).

### 6.2 New incentives briefing

The Challenge Group has produced a [briefing on incentive schemes](#) to support smokers to quit during pregnancy. The briefing should support the commissioning of incentive schemes and give both commissioners and practitioners a set of 'lessons for practice' to consider before launching such schemes.

The briefing sets out:

- » Impacts of smoking in pregnancy,
- » NICE Guidance: supporting pregnant women to quit,
- » Evidence for smokefree pregnancy incentive schemes, and;
- » 'Lessons for Practice' based on examples of schemes that have been implemented.

### 6.3 Health visitor leaflet

The Challenge Group has produced a leaflet for health visitors to serve as an aid to conversations with parents and families. It contains key facts and information about smoking in the home and the benefits of quitting. The leaflet can be downloaded [here](#). A limited number of physical copies are available to order by emailing [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)

## 7. Supporting a Smokefree Pregnancy: Events

To support coordinated local action on smoking in pregnancy, the Challenge Group is running five regional events in October – November 2019 bringing together key local stakeholders from maternity and tobacco control to review progress and highlight areas for further action.

Supporting a Smokefree Pregnancy South West will take place on 18 November 2019 from 9.40 – 15.30 at Taunton Racecourse Conference Centre, Taunton, TA3 7BL.

The event will be chaired by Dr Clea Harmer, Co-chair of the Smoking in Pregnancy Challenge Group and Chief Executive of Sands and will include best practice case studies from local colleagues, national updates on the Saving Babies' Lives Care Bundle and NHS Long Term Plan and discussion sessions giving you the chance to engage with the evidence base and review local practice. To sign-up for the event please email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)

**Do let us know if there is anything further you would like to see a briefing on or if you have materials that could be circulated around the Smokefree Pregnancy Information Network to support other areas: [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk)**