



**Supporting a Smokefree Pregnancy: EoE**

# **Luton Reducing Smoking In Pregnancy Education Programme**

**1<sup>st</sup> November 2019**

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Luton and Dunstable  
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Steps to a healthier you



# Luton Smoking in Pregnancy Education Programme

Public Health Profiles | Statistics on Women's Smoking

https://fingertips.phe.org.uk/search/smoking%20at%20time%20of%20delivery#page/4/gid/1/pat/6/par/E12000006/ati/102/are/E06000032/iid/93085/age/1/sex/2

Recent trends: - Could not be calculated    → No significant change    ↑ Increasing / Getting worse    ↗ Increasing / Getting better    ↓ Decreasing / Getting worse    ↘ Decreasing / Getting better    ↗ Increasing    ↘ Decreasing

Trends for **Luton** All in East of England region    Display **Selected indicator** All indicators

### Smoking status at time of delivery Luton

Proportion - %

Export chart as image    Show confidence intervals    Export table as CSV file

Recent trend: ↓

Period		Luton				East of England region	England region
		Count	Value	Lower CI	Upper CI		
2010/11	●	526	15.5%	14.3%	16.7%	13.4%	13.6%
2011/12	●	503	14.6%	13.4%	15.8%	13.3%	13.3%
2012/13	●	463	13.6%	12.5%	14.8%	12.5%	12.8%
2013/14	●	408	12.1%	11.1%	13.3%	11.1%	12.2%
2014/15	●	464	13.4%	12.3%	14.6%	11.1%	11.7%
2015/16	●	490	14.2%	13.1%	15.4%	10.6%*	11.0%
2016/17	●	403	11.7%	10.7%	12.9%	9.8%	10.7%
2017/18	●	368	11.5%	10.4%	12.6%	10.3%	10.8%

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SAT OD)

# Luton SIP Education Programme

## SaSFPS Found:

- ❑ Financial incentive & advisor support an effective means to give up smoking and avoid relapse
- ❑ 71% quit at 4 wks & maintained to delivery
- ❑ Reinforced other evidence:
  - ❑ US studies;
  - ❑ Scottish RCT;
  - ❑ NW Reward Scheme;
  - ❑ Cochrane review – cost effective, £4 saved for every £1 spent on intervention

tobacco free futures

### Supporting a Smokefree Pregnancy Scheme: A Success Story

#### BACKGROUND

Smoking in pregnancy increases the risk of miscarriage, stillbirth, prematurity, low birth weight, perinatal morbidity and mortality, neonatal or sudden infant death, asthma, attention deficit disorder, learning difficulties, obesity and diabetes\*. Moreover the risk of cot death is trebled in infants whose mothers smoke both during and after pregnancy\*.

In 2010, NICE set out a raft of measures for improving the reach and effectiveness of stop smoking services for pregnant women. These included a recommendation to research and further explore the impact of providing financial incentives to support quit attempts amongst pregnant women.

Since 2010, Tobacco Free Futures (TFF) has led two initiatives to pilot and test the effectiveness of deploying quasi-financial incentives (shopping vouchers), alongside enhanced stop smoking support services to increase the proportion of women who are smokefree during their pregnancy and post-partum.

Building on promising evidence of similar interventions in the United States, TFF led the implementation of the North West Smoking and Pregnancy Reward Scheme and, following a positive evaluation of its impact, launched the Supporting a Smoke Free Pregnancy Scheme (SaSFPS) in June 2012.

A recently published randomised control study from Scotland provides substantial additional evidence for the efficacy of incentives for smoking cessation in pregnancy\*.

The case for such initiatives are supported by a Cochrane review that indicated that the use of 'incentives' with pregnant women and their significant other\* does provide a cost-effective measure to promote smoking cessation within the target group, providing a substantial return on investment equating to up to £4 saved for every £1 spent on the intervention.

#### THE SaSFPS

The primary aims of the SaSFPS are to improve the health of pregnant women and to reduce health risks to their unborn children. In this context, the key objective of the intervention is to encourage pregnant smokers to stop smoking.

Specific goals, as set out in the business case for the SaSFPS, were:

- To support a cohort of pregnant smokers to set a quit date and achieve a CO validated 4-week quit;
- To provide enhanced support to those women who achieved a 4-week quit, to remain smokefree throughout the pregnancy and for 12-weeks post-partum;
- To improve practice in the local collection and recording of Smoking at Time of Delivery (SATOD) data.

Key elements: The SaSFPS is structured around the key pillars of:

- Quasi-financial incentives in the form of 'Love to Shop' giftcards that could be spent at a range of high street shops. Each woman was eligible to receive, over specified phases, a maximum of £260 worth of gift cards - if she was recruited in the early weeks of pregnancy and remained smokefree at the 12-week post-partum point.
- Regular (at least four-weekly) support from a stop smoking support advisor - including CO monitoring to confirm smoking status.
- The option to identify and recruit a 'Significant Other Supporter' who was also entitled to receive vouchers - to the value of £40 if the woman remained quit at 12-weeks post-partum.
- Encouragement to make their home smokefree.

Scope and scale of the intervention: The SaSFPS ran from June 2012 to July 2013. During that time, 403 pregnant women were engaged across 17 local areas in the North West of England.

MAKE SMOKING HISTORY  
FOR CHILDREN.



# Baseline study: Impact of Maternal Smoking in Pregnancy in Luton

- Public Health Midwife
- Retrospective data 1<sup>st</sup> June 2014 – 31<sup>st</sup> May 2015
- Patient of the Hospital and living within Luton CCG area
- Status of SATOD
- Socio-economic data provided profile insights
- We were keen to ensure our programme include those considered 'No Desire To Quit'



# Baseline Study: Impact of Maternal Smoking in Pregnancy in Luton

1<sup>st</sup> June 2014 – 31<sup>st</sup> May 2015

- ❑ 266 identified as Smoking at time of Booking
- ❑ 73% (194) accepted a referral to cessation services
- ❑ 36% (70) set a quit date
- ❑ 19% / 51% (36) successfully quit
- ❑ Ethnicity: majority 'White British' and 'White Other'
- ❑ Age: nearly 25% were 19 years or younger
- ❑ 50% CO monitoring
- ❑ Huge difference in pregnancy outcomes between non-smokers, those thinking of stopping (TOQ) and the No Desire to Quits (NDTQ)
- ❑ Inaccuracies in data

## Baseline study: NDTQ Pregnancy Outcomes

- ❑ 27% (72/266) had NDTQ
- ❑ 5 x more likely to have a v premature baby (<28wks)
- ❑ 25% induced due to complications
- ❑ 3.5 x more likely to have a stillbirth
- ❑ 2.5 x more likely to have a v small baby (<2.5Kg)
- ❑ 43% [31] had significant mental health history
- ❑ 42% [30] had safeguarding concerns for either unborn or previous child
- ❑ 15% [11] had a history of alcohol and/or substance abuse
- ❑ 18% [13] living in temporary accommodation or homeless

# Luton SIP Education Programme

- ❑ Thinking of stopping (TOS) – Referral to SSS
- ❑ No Desire no desire to quit (NDTQ) – Specialist Midwife contact



# SIP Education Programme Learning

- Aug 2016 – Jan 2017
- Staff retention issues mid programme **findings are anecdotal**
- 158 accessed service who otherwise would have been left to their own devices
- 64% set a quit date (v36% baseline)
- NDTQ were hard to engage - Contact details changed
- More non-clinical time than planned for (2 days/wk still not enough to keep up with workload)
- Specialist Midwife pulled to delivery suite often
- Accessing hospital was seen as a barrier – cost, travel, home commitments
- Home visits increased engagement to 90%
- Important to acknowledge complex lives
- Offered another point of access for support
- Sometimes an extra conversation was enough
- Less about £ incentive more about contact

# What next?

- New Provider, New PH Midwife**
- Re - Introduce incentive scheme**
- Audit: CO monitoring and Data**
- Target high risk groups & NDTQ**
- Links with Growth Scans**
- Rolling programme of training for midwives**
- Links with perinatal MH & other support services**
- SIP deep dive in Feb 2020 – STP wide**
- Luton PH Midwife funding ceases in July 2019**

## Thanks and Acknowledgments:

Jo Meola, Stop Smoking Service Manager, Total Wellbeing Luton

Jayne Pigott, Luton Public Health Clinical Maternity Specialist

Jenni Wood, Luton Public Health Specialist Midwife

Jackie Williams, Service Manager, Live Well Luton

Nicola Whippy, Stop Smoking Specialist Advisor, Live Well Luton

Lisa Hudson, Luton Public Health



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# In Summary:

- ❑ NDTQ, nearly half had poor mental health history & safeguarding concerns
- ❑ NDTQ, (who refuse referral to SSS) have significantly worse outcomes than those TOQ, (who have accepted a referral) or non-smokers
- ❑ Home visits increased engagement significantly especially the NDTQ
- ❑ Engaging pregnant smokers needs allocated & dedicated time
- ❑ Extra time from Midwife and Advisor is important
- ❑ It is possible to engage the most complex of pregnant smokers
- ❑ Be ready to engage with other support services
- ❑ Auditing is essential

**Thank you for listening**

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