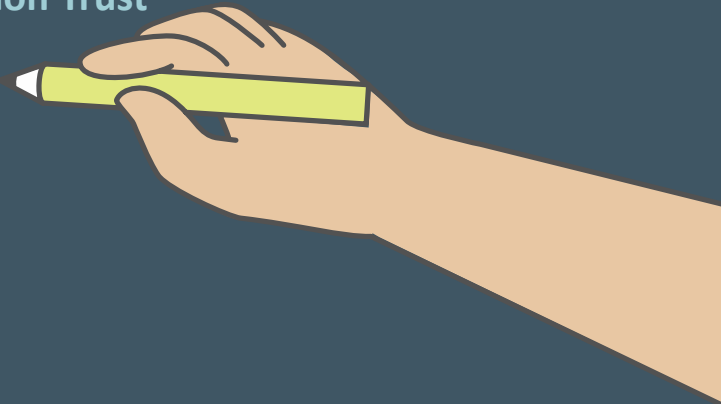


GREATER MANCHESTER SMOKEFREE PREGNANCY PROGRAMME

SaSFPS - Supporting a Smokefree Pregnancy Scheme

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CASE STUDY

SMOKEFREE PREGNANCY PROGRAMME



The vision is to reduce smoking in pregnancy across GM through a standardised smokefree pregnancy pathway with investment in workforce development, equipment, and targeted intervention.



We aim to achieve a target of no more than 6% women smoking at time of delivery in any locality by 2021 and ultimately for no woman to smoke during her pregnancy

SMOKEFREE PREGNANCY INCENTIVE SCHEME



For women who would find it hardest to maintain a quit without additional support in areas where smoking rates are highest.



Previous GM schemes were evaluated as effective with

70% of women achieving a 4 week quit

70% of those still quit at delivery

50% still quit at 12 weeks post-partum



Rewarding women with shopping vouchers up to 12 weeks or 12 months postpartum

ELIGIBILITY FOR THE SCHEME

The woman is eligible for the scheme if she is:

- pregnant
- a current smoker
- has quit smoking in the last two weeks.

GM SMOKEFREE PREGNANCY PROGRAMME

Systematised pathway to identify women who smoke via CO screening at booking and referring to specialist service

Incentive scheme = offered by specialist stop smoking service to increase 4WQ and support smokefree pregnancies up to 12 weeks post partum

Risk Perception Intervention = Intensive intervention at 12 week dating scan for women who have not accepted referral to specialist service and continue to smoke

GM SMOKEFREE PREGNANCY PROGRAMME

GM Reducing the Prevalence of Smoking in Pregnancy - Key Performance Indicators (KPIs) August 2019	%	RAG
1. Maternity		
1.1 Percentage CO screened at booking > 95%		
1.2 Percentage CO screened at 36 weeks > 95%		
1.3 Percentage of women identified as smokers at time of booking referred to the Stop Smoking Service > 90%		
1.4 Percentage of women identified as smokers at time of booking referred within one working day >90%		
2. Stop Smoking Service		
2.1 Percentage of referrals who engage with the service (minimum of one face to face) > 50%		
2.2 Percentage of referrals setting a quit date > 50%		
2.3 Percentage of four week quits > 50%		
2.4 Percentage of four and twelve week quits CO validated > 80% at four weeks		
3. SaSFPS		
3.1 Percentage of women referred to the Stop Smoking Service, who meet the criteria, offered the scheme >95%		
3.2 Percentage of women recruited who achieve a 4WQ >60%	55%	
3.3 Percentage of women who achieve a 4WQ who remain quit at delivery >70%	59%	
3.4 Percentage of women who achieve a 4WQ who remain quit up to 12 weeks postpartum >40%	40%	
3.5 Percentage of women recruited with a significant other >50%	51%	
3.6 Percentage of women who are quit at delivery and report living in a smokefree home >90%	89%	
4 Risk Perception Intervention (RPI)		
<i>Of those who do not engage following CO screening:</i>		
4.1 Percentage offered RPI >75%		
4.2 Percentage of those receiving the RPI accepting referral for stop smoking support >50%		

SASFPS PATHWAY

GENERAL NICE GUIDANCE PH26

- Identification of pregnant women who smoke
- Referral of pregnant smokers for help to stop smoking and explanation that it is normal practice to do this

- Assessment of the woman's exposure to tobacco make through discussion and use of CO screening
- Provision of information on the risks of smoking and health benefits of stopping
- Advice to stop smoking
- Providing smoking cessation support (behavioural and pharmaceutical)



JOURNEY

Participation
Criteria

Registration

Weeks 1-4

Week 5 – delivery

Delivery

Delivery to 12-
weeks post-partum

Relapse at any point

INCENTIVISED SMOKEFREE PREGNANCY SUPPORT PATHWAY

Women are identified, by a healthcare professional and recruited to the scheme based on the following criteria: Teen pregnancy / Living in an area of deprivation/ high smoking prevalence / Living with a smoker's / Smoked throughout previous pregnancies

- Outline scheme
- Discuss Significant Other (SOS) and smokefree home (SFH)
- CO validate
- Quit date set
- Sign contract

- Weekly face-to-face contact
- Recruit SOS – sign contract
- Specialist cessation support /SFH advice
- CO validation
- £10 for each week validated smokefree

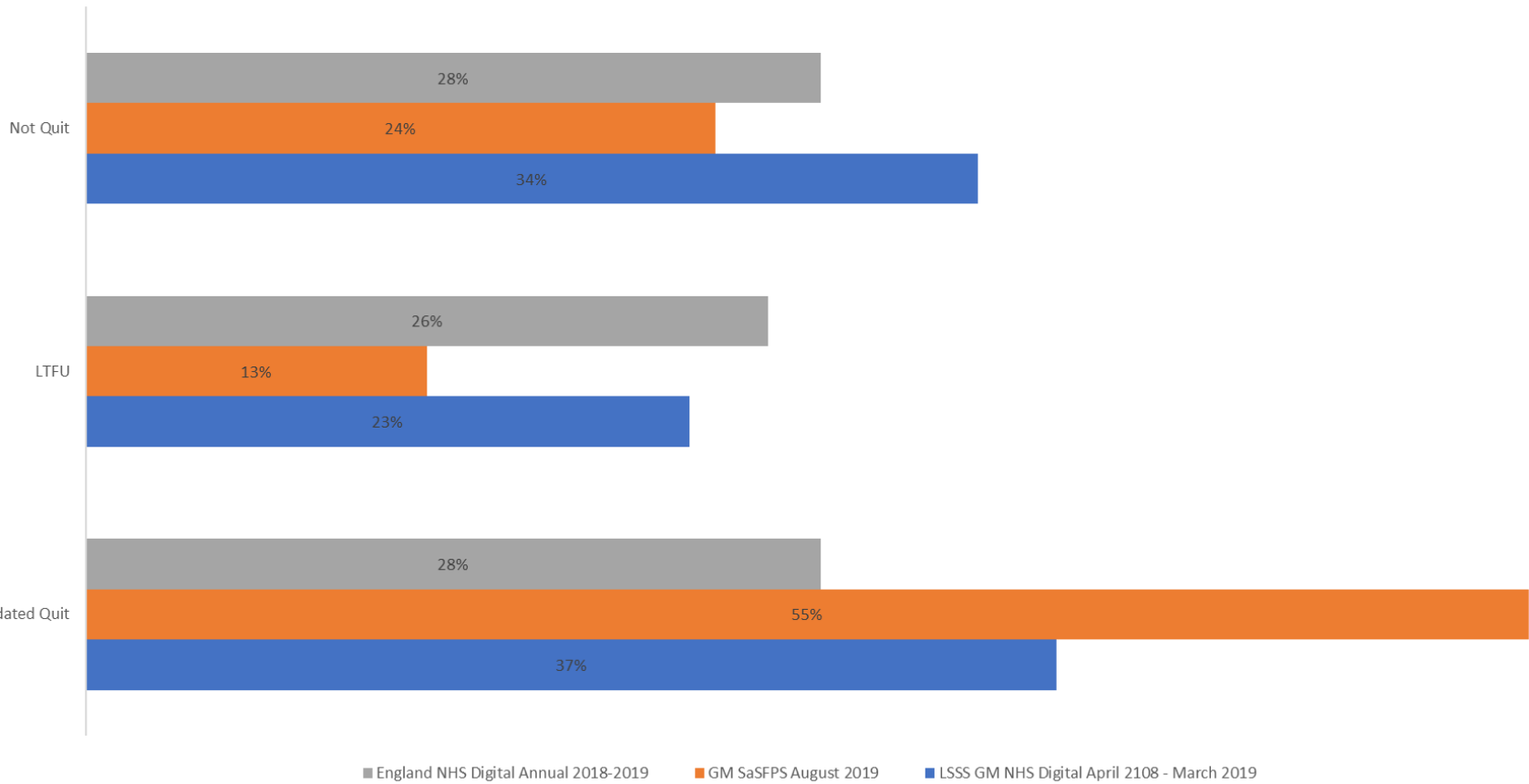
- Minimum 4-weekly face-to-face contact
- Specialist cessation support / SFH advice
- CO validation
- £20 for each 4-weeks smokefree

- Reported and CO validated at any point from 38-weeks

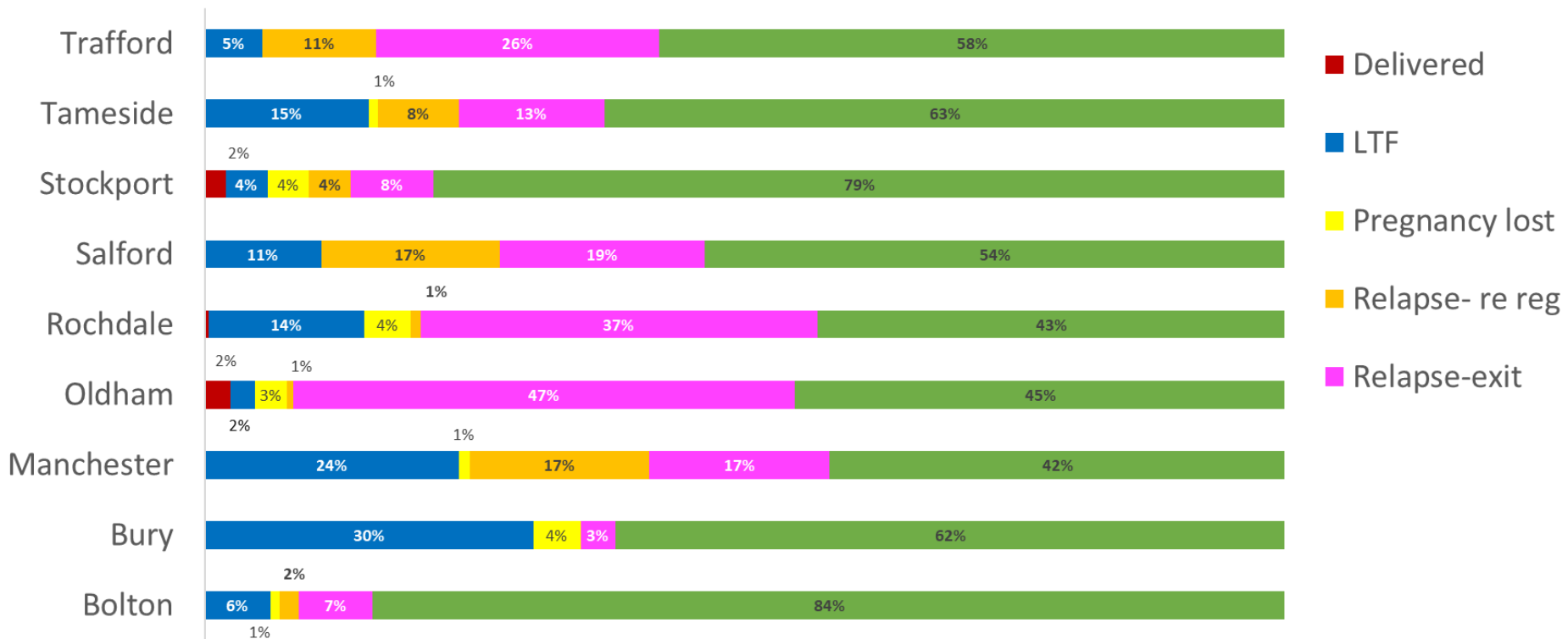
- 4-weekly contact and support
- Face-to-face at 12-week point /CO validation
- £80.00 to the woman if smokefree
- £80 to the SOS if both they and the woman smokefree

- Relapse -re-registered to scheme as a new episode. Second relapse – exit scheme

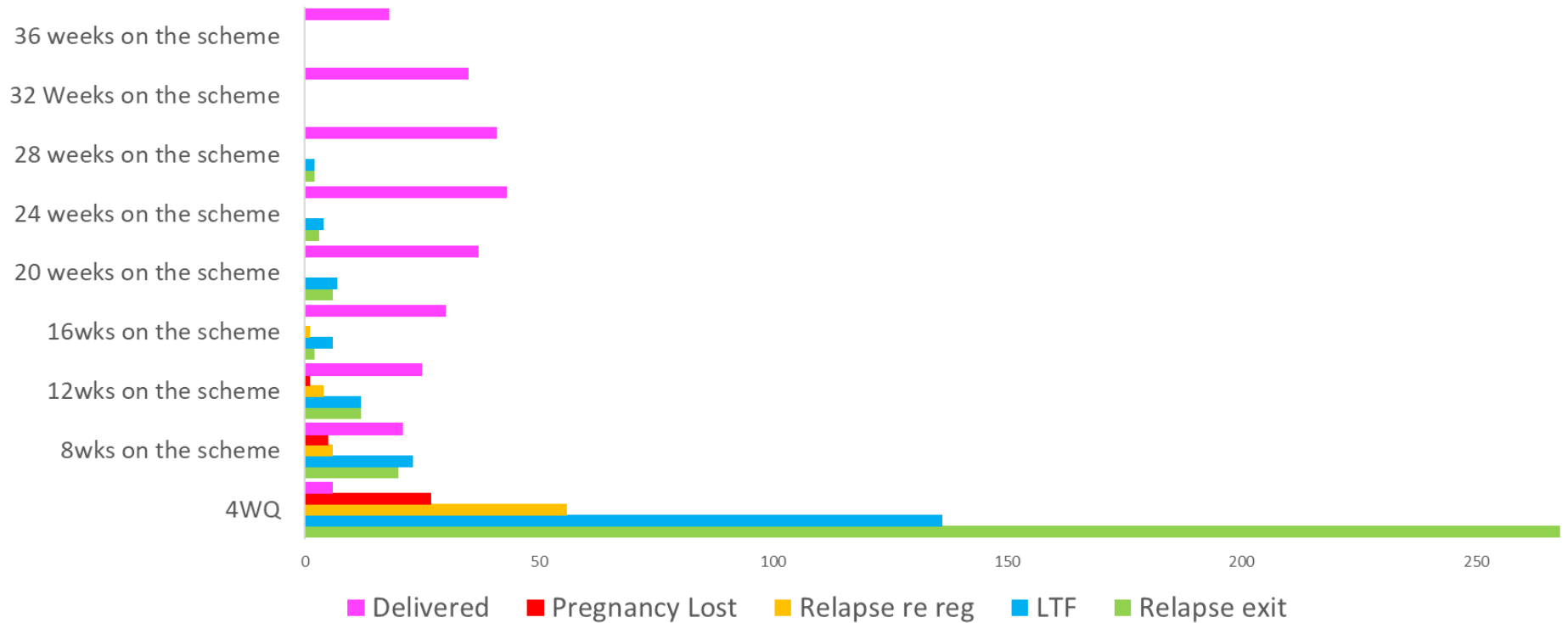
SSS GM NHS Digital April 2018 - March 2019
SaSFPS GM Feb 2018 - August 2019
Outcome of women who set a quit date



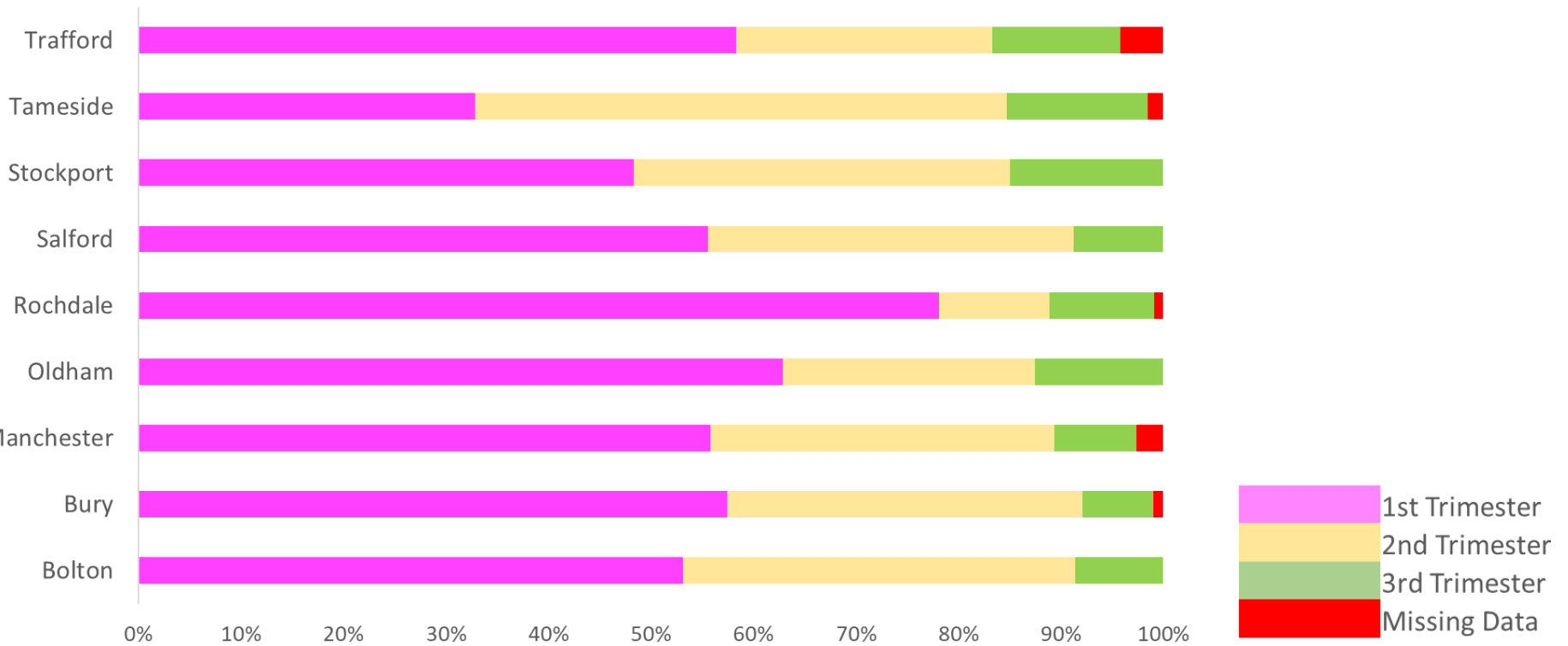
OUTCOME AT 4 WEEK QUIT – AUGUST 2019



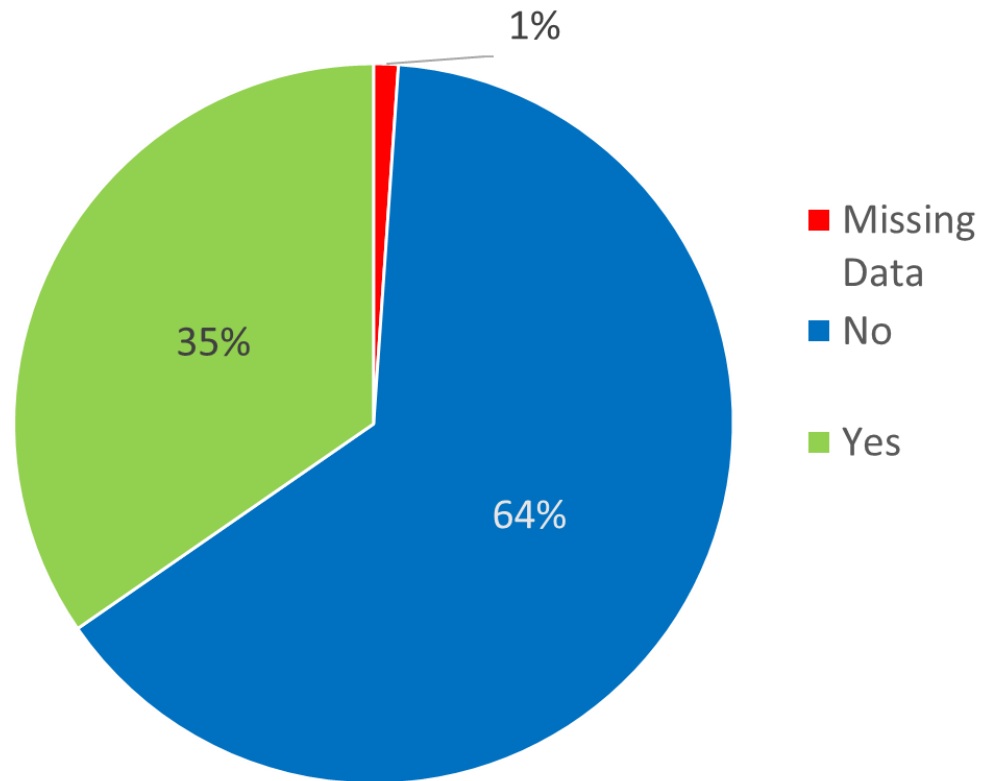
WHERE ARE THE PINCH POINTS FOR RELAPSE IN THE SCHEME



RECRUITING WITHIN THE FIRST TRIMESTER IS DESIRED: ARE LATE JOINERS CAUSED BY DELAYED REFERRAL?



VAPING AT TIME OF JOINING THE SCHEME



LEARNING



Collaborative approach to sharing best practice



Innovative working



The incentive scheme combined with enhanced support is more effective than standard stop smoking



The MSW role focuses women in challenging situations supporting public health priorities to address health inequalities



Over 50% of women engaging on scheme have a significant other supporter



SFH 89%

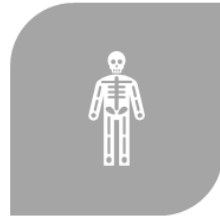


Maintaining quits post partum provides additional benefits e.g. Breastfeeding

CHALLENGES



DATA COLLECTION



**INACCURACIES IN
SATOD**



SUSTAINABILITY



**STAFF
ENGAGEMENT**



**AVAILABILITY OF
NRT**

THIS OFFERS JUST A SMALL SAMPLE OF HOW THE INCENTIVE SCHEME ADDRESSES LOCALITY ISSUES THROUGH:

1. Enhanced support for pregnant women to remain smokefree during pregnancy – Reducing the harm to her unborn and herself

2. Reduces the cost to the NHS – reduces complicated births – reduce acute and long term poor health, both mother and child, reduces the need for neonatal intensive care

3. Increases smokefree homes

4. Offers a level of scrutiny concerning data, specifically SATOD data and service performance

5. Generates significant statistical insights in to who is smoking during pregnancy

NEXT STEPS



Continue quarterly monitoring
of pregnancy incentive scheme



Whole programme evaluation



RCT- feasibility study, use of
incentives in preventing post
partum relapse



Sustainability

THANK YOU

ANY QUESTIONS?

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