A Briefing for North Central London LMS

Smokefree Pregnancy Information Network

ash. action on smoking and health

smoking in pregnancy challenge group

Contents

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 the SPECTRUM research consortium and the University of Edinburgh.

1.1 Smoking in pregnancy – 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, as well as increasing children's chances of developing asthma, obesity, diabetes, and psychological problems. The table below highlights the impact of smoking and exposure to secondhand smoke in pregnancy:

Impact of smoking and exposure to secondhand smoke during pregnancy

	Maternal Smoking	Secondhand smoke exposure
Low birthweight	2 times more likely	Average 30-40g lighter
Heart Defects	9% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Miscarriage	32% more likely	Possible increase
Sudden Infant Death	3 times more likely	45% more likely

Source: RCP. Hiding in plain sight: treating tobacco dependency in the NHS, 2018; RCP & RCPCH. Passive Smoking and Children, 2010

As well as human costs, smoking during pregnancy presents significant financial costs for the NHS. The RCP have estimated that in 2015/16 the cost of maternal smoking during pregnancy was over £20 million through 10,032 episodes of admitted patient care. Audits conducted by NHS Trusts and maternity services paint a similar picture, with pregnant smokers requiring more care and placing additional costs on Trusts compared to their non-smoking counterparts. One audit, conducted by Barnsley Hospital NHS Foundation Trust, found that caring for 10 women who smoked during pregnancy cost the maternity unit approximately £46,820, compared to £13,548 for 10 non-smoking women. The additional costs were due to a combination of extra antenatal appointments, outpatient appointments, overnight admissions, ultrasound scans, and longer length of stay postnatally.

2. 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 crucial 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 Smokefree Pregnancy Champions network was established by the Challenge Group to bring together individuals from maternity settings who have responsibility for implementing NICE guidance on smoking. This 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 provides Champions with:

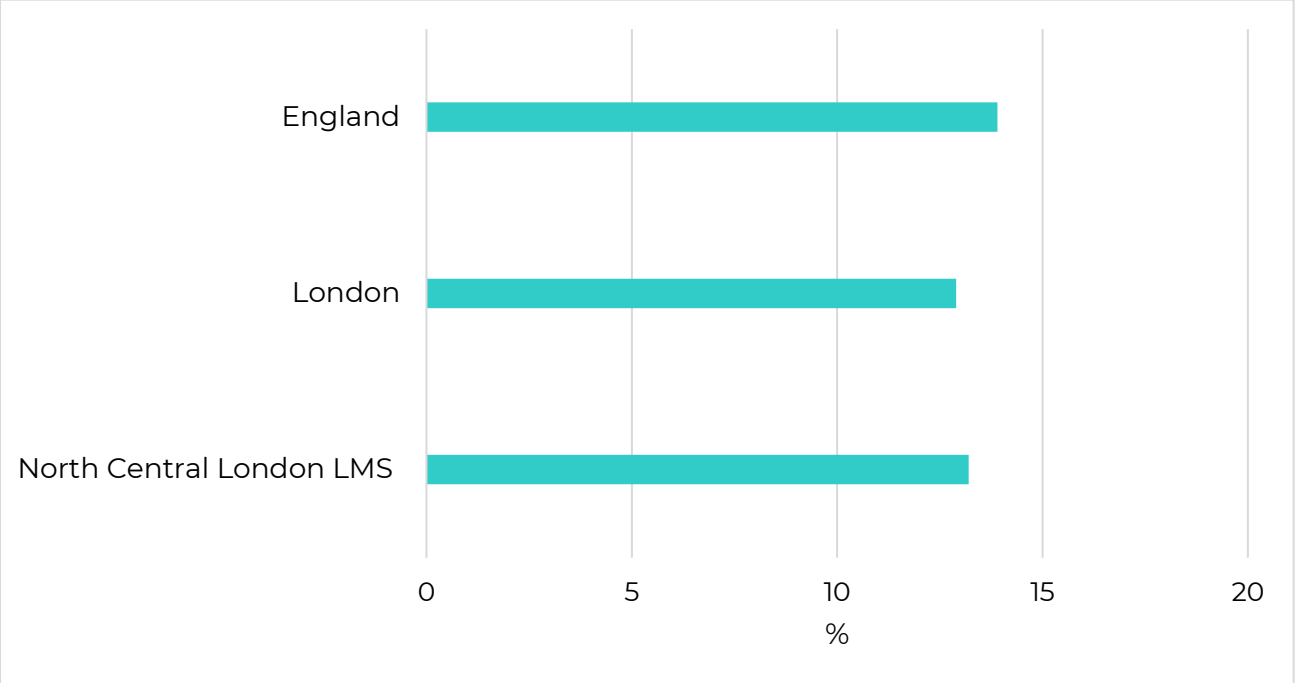
- Opportunities to share practice and learning;
- Regular updates on new research, policy development and resources;
- The opportunity to feed into national discussions on supporting local areas to reduce SATOD rates.

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

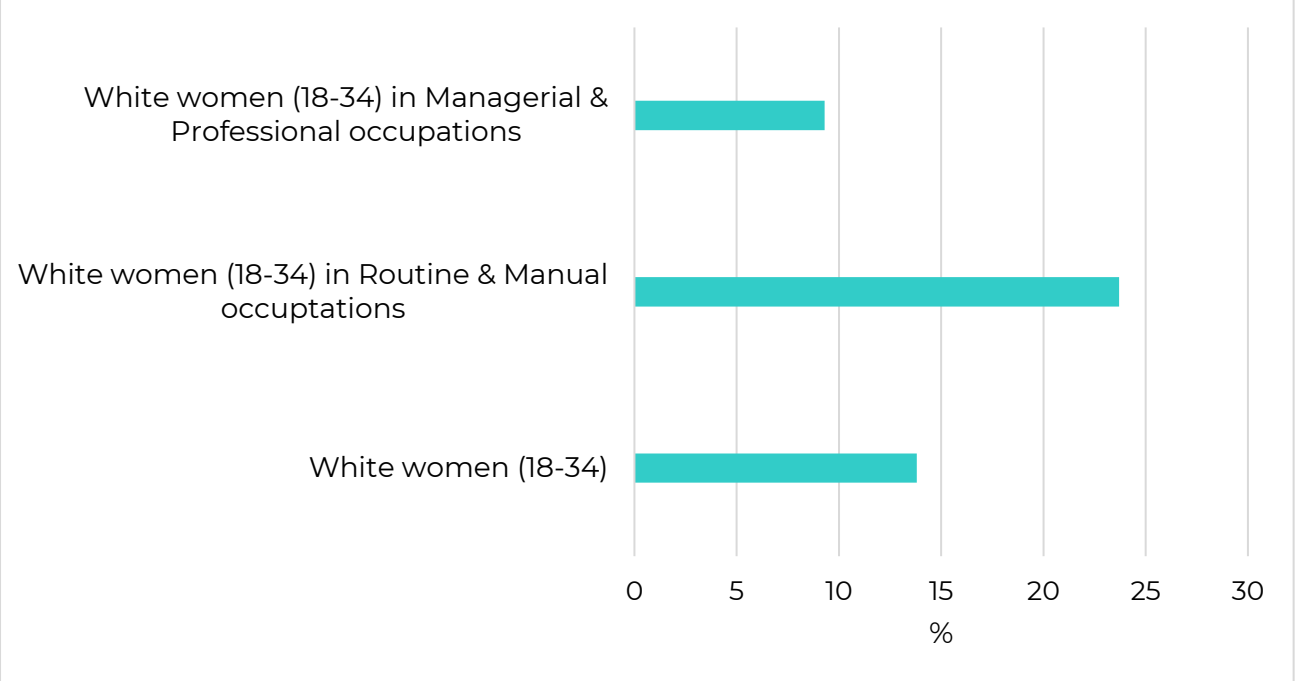
3. North Central London LMS area profile

3.1 Smoking in the population

Adult (18+) smoking prevalence in North Central London LMS (2019)

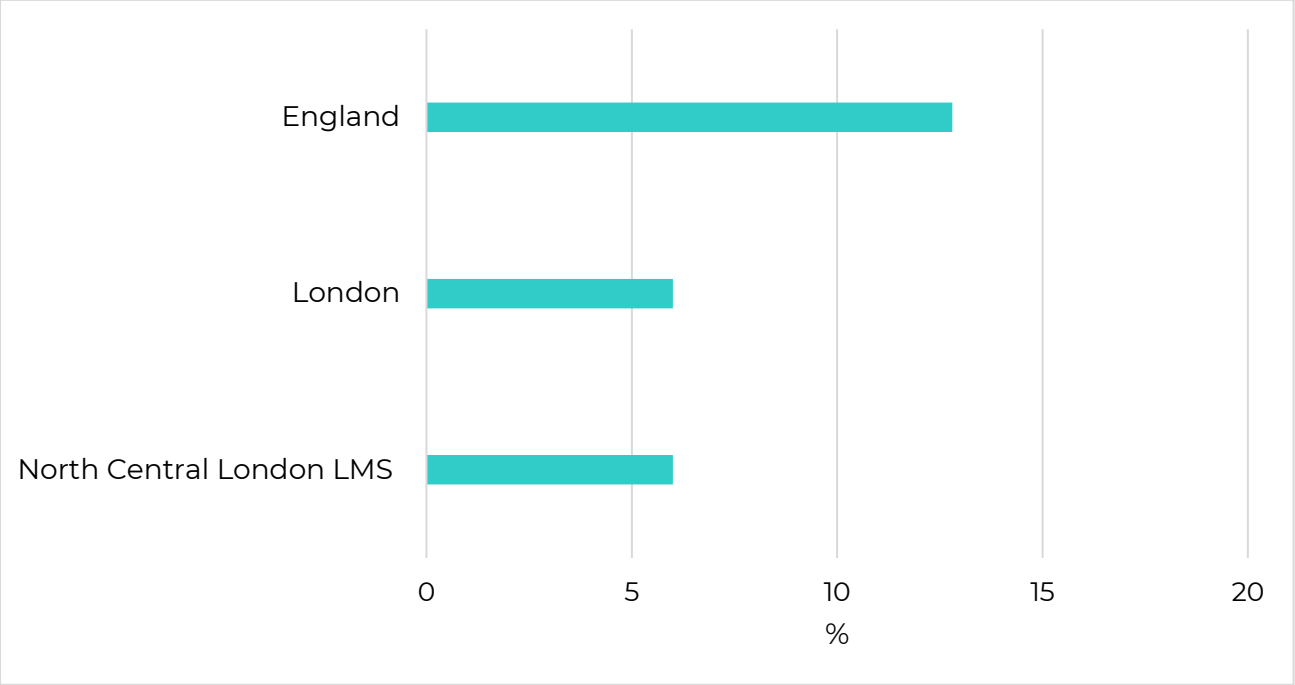


Smoking prevalence among women aged 18-34 in London (2019)

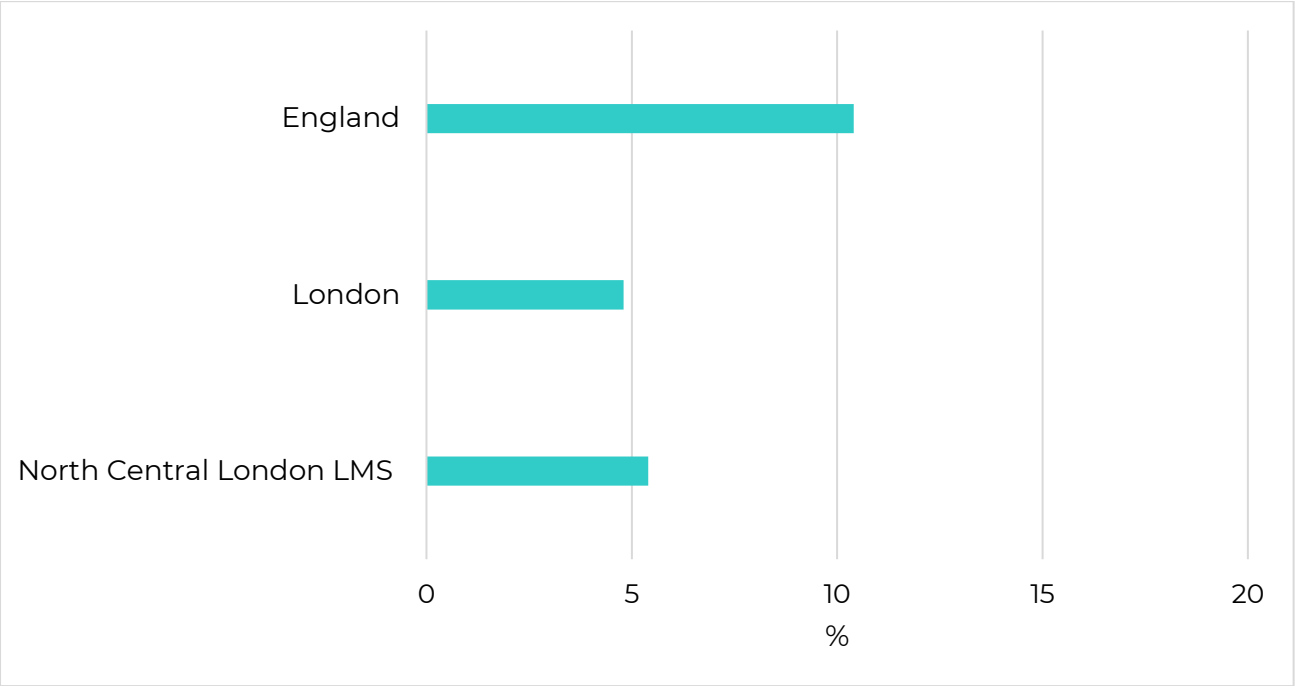


3.2 Smoking among pregnant women

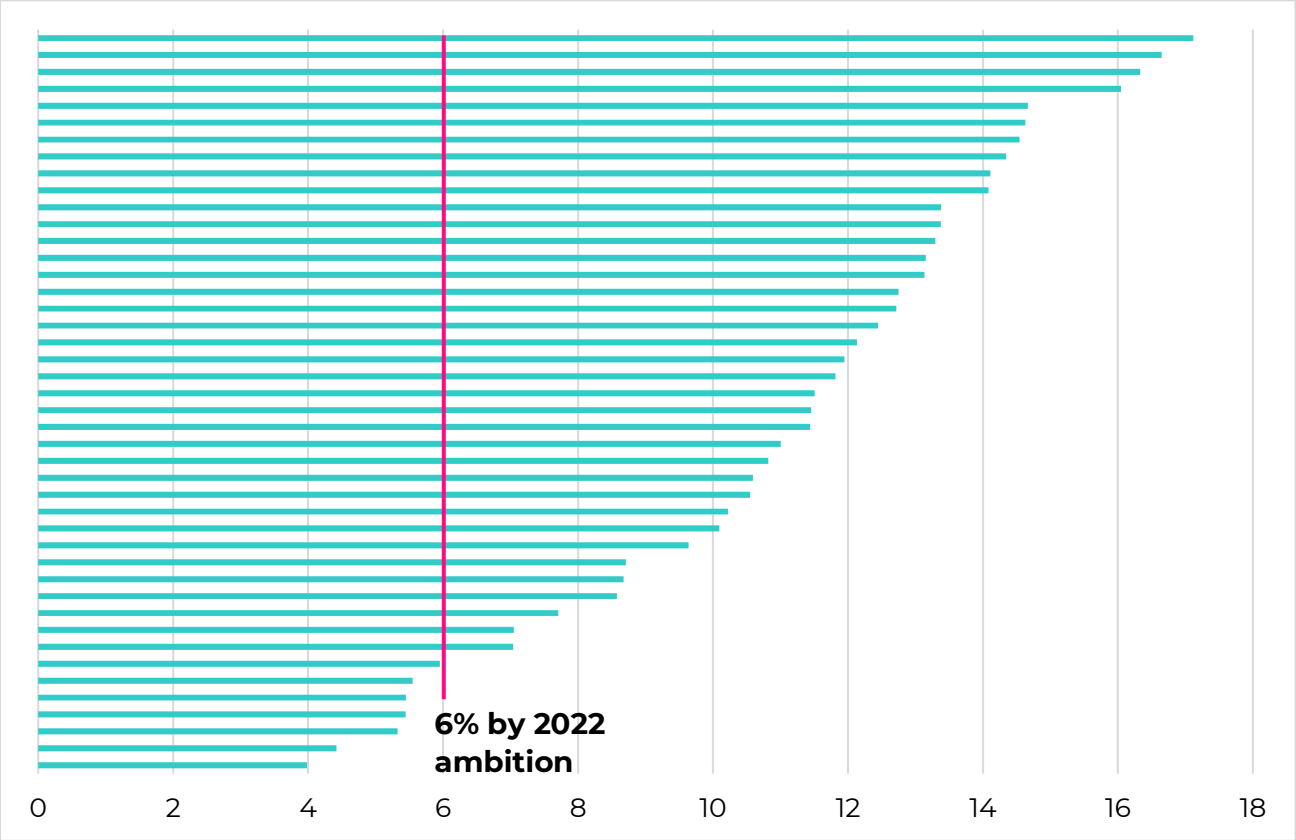
Smoking Status at Time of Booking (SATOB) in North Central London LMS (2018/19)



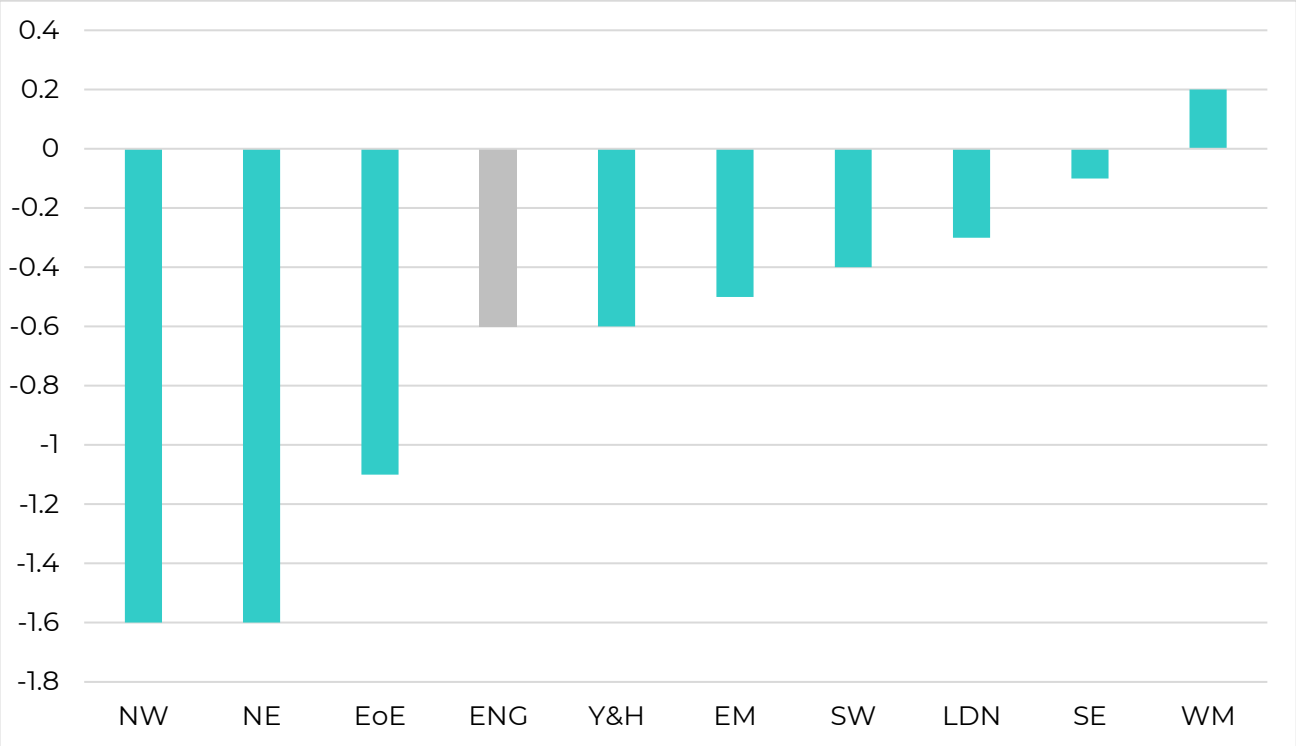
Smoking Status at Time of Delivery (SATOD) in North Central London LMS (2019/20)



National variation in 2019/20 rate of SATOD by LMS



Regional change in SATOD between 2015/16 and 2019/20 (percentage points)



4. National policy context

4.1 New guidance on restarting CO monitoring

NHSE, PHE, and the National Centre for Smoking Cessation and Training (NCSCT) are recommending that CO monitoring **can now be resumed** at local stop smoking service appointments and antenatal appointments, in line with Government COVID-19 guidance. This is in line with the resumption of other public health interventions, including drug and alcohol support and treatment by community healthcare providers. The NCSCT has produced specific guidance about how to reintroduce CO monitoring and face-to-face stop smoking support safely, which can be viewed here:

- NCSCT – COVID-19: Face-to-face consultations and CO monitoring

Maternity professionals should follow the full process set out in the Standard Treatment Programme for Pregnant Women which includes CO testing **all women** at antenatal appointments and offering opt-out referral to support. PHE, iPiP and e-LfH have developed a short session to support midwives and health visitors in refreshing their skills and ensuring they can undertake a COVID safe intervention. For those who are not yet ready to restart or who think that CO Testing may happen intermittently over the coming months, the session also contains a non-CO testing script which will help midwives and health visitors to refer women to the support they need to have a smokefree pregnancy.

- e-LfH – Reintroduction of CO Testing

Any decision by service providers to resume face-to-face provision and CO monitoring should be considered alongside local coronavirus restrictions, as well as operational practicalities within the service. **Remote behavioural support remains a practical option for continuity of stop smoking provision, where services consider that this remains the best local option**. The NCSCT has produced best practice guidance for delivering remote consultations:

- NCSCT: Remote consultation guidance

Both NHSE and PHE recommend that when resuming CO monitoring in any setting staff should adhere to their monitor manufacturer's latest guidance on the safe use of products, including the regular cleaning of monitors, replacement of consumables and use of relevant Personal Protection Equipment (PPE) in relation to COVID-19 guidance. Additional COVID-19 specific guidance now includes:

- Carry out the test with a minimum 2 metre distance between the SSS adviser and the client, using verbal instructions on how to use the monitor.
- Ensure the client is not facing the advisor when blowing into the machine.
- Ensure the room where CO monitoring is taking place is well-ventilated.
- Ask the client to dispose of the mouthpiece into the bin themselves, then wash their hands/use sanitiser.
- **NOTE: CO monitoring is not classed as an Aerosol Generating Procedure (AGP)** and so does not require a FFP3 filtration mask for the adviser undertaking the test.

4.2 NHS Long Term Plan

The NHS Long Term Plan, published in January 2019, set out a 10-year practical programme of phased improvements to NHS services and outcomes. On the smoking components, it includes a commitment to introducing a tobacco dependence treatment pathway in all NHS trusts. This treatment pathway will be adapted for *"expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments."* This is in addition to the stop smoking services commissioned by local authorities. The recommended model has been developed using international evidence and learning emerging from Greater Manchester's CURE and SmokeFree pregnancy models.

The interventions build on principles set out in the Saving Babies Lives Care Bundle, which includes carbon monoxide (CO) testing at booking. The interventions will be first stress-tested and refined in early implementer sites before further rollout during 2020/21.

NHS LTP early implementer sites

Region	Site	Type
North West	Greater Manchester – Smoking in Pregnancy Programme	Incentives
	Greater Manchester – CURE Programme	Acute
	Blackpool NHS FT	Maternity
Yorks & Humber	South Yorkshire and Bassetlaw ICS	Mental Health
Midlands	Nottingham and Nottinghamshire LMNS	Maternity
East of England	Great Yarmouth – James Paget NHS FT	Acute
South West	BNSSG LMNS	Maternity
London	Kings College & Guys and St Thomas' Hospitals	Acute
	East London Foundation Trust	Mental Health

4.3 2021 Tobacco Control Plan

The public health mininster, Jo Churchill MP, has confirmed to Parliament that the government will develop a new Tobacco Control Plan to help deliver a Smokefree 2030, with an expected publication date of July 2021. The current Tobacco Control Plan for England sets a target of reducing smoking at the time of delivery (SATOD) rates to less than 6% by 2022. However, it looks unlikely that the 6% target will be achieved, with rates of smoking in pregnancy plateauing at just under 11% since 2015. To hit the 6% ambition

from the 2019/20 SATOD rate of 10.4% would require a rate of decline of roughly 2.2 percentage points a year until 2022.

Between now and July 2021, the Challenge Group will set out the ambitious measures that must be included in the next Tobacco Control Plan to drive down rates of smoking in pregnancy and reduce health inequalities. This includes measures:

- to make greater use of financial incentives to support women in high smoking prevalence communities to quit
- increased support for women postpartum to prevent them from relapsing to smoking
- targeted action to tackle high smoking rates among young adults from more deprived areas
- renewed emphasis on implementing NICE guidance on smoking in pregnancy (PH26)

4.4 Reorganisation of public health

The Challenge Group is concerned that the Government's decision to merge the health protection functions of Public Health England (PHE) without setting out a clear plan for the future of PHE's health improvement and wider functions, risks undermining progress towards the Tobacco Control Plan ambition at a vital stage. With only 2 years left to achieve the 6% ambition, there is an urgent need to define where these responsibilities will sit and ensure the existing valuable role played by PHE continues. The government's policy paper on the future of public health suggests that integrated care systems (ICS) are likely to play a greater role in prevention and population health improvement. ASH and the Challenge Group are engaging with the policy development process and will continue to call for a robust approach to population health and prevention which enhances activity to tackle smoking during pregnancy.

5. Local action to reduce maternal 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 vulnerable pregnant smokers to quit
2. Using e-cigarettes to improve engagement with pregnant smokers

5.1 CASE STUDY: Supporting vulnerable pregnant smokers to quit – Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Public Health Dorset

Strategic aim

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Public Health Dorset have piloted an intervention to improve engagement with smoking cessation and quit rates among vulnerable pregnant smokers. Vulnerable pregnant smokers are defined as women suffering from mental health illnesses, drugs, and alcohol addictions, safeguarding concerns, and women under 16 years of age. Reducing smoking rates among vulnerable pregnant women will contribute to achieving the Tobacco Control Plan ambition to reduce the prevalence of smoking in pregnancy to 6% or less by 2022.

Pilot design

This quality improvement (QI) project is led by the Head of Midwifery, Clinical Lead (Vulnerable Pregnant Women's Team) and Public Health Dorset Smoking in Pregnancy Project Lead Midwife. The project aimed to:

- Pilot the effectiveness of a new patient-centred and individualised approach to smoking cessation support by upskilling a specialist smoking cessation maternity support worker (MSW) within the vulnerable pregnant women's team, to lead an individualised 12-week quit programme following the national 'BabyClear' model (also known as the Greater Manchester Model).
- Recruit two pregnant smokers from the vulnerable women's team onto a 12-week quit programme per month for a year.
- The designated MSW received additional training to provide direct supply of combination Nicotine Replacement Therapy (NRT) in a hospital setting, along with behavioural counselling sessions to those vulnerable pregnant women who smoked. To facilitate engagement with the programme, the women are offered a range of contact methods including home visits, telephone, text, and meetings in clinics.
- Participants were carbon monoxide (CO) monitored throughout the scheme both to validate the quit and as a tool to provide additional motivation.
- The MSW-led support was compared to the effectiveness of having the same support delivered via referral to a specialist stop smoking midwife.

Initial outcomes

- 71% of the women contacted by the MSW (5 out of 7) signed up to the programme and set a quit date compared to 5.4% (2 out of 37) of those referred to the specialist stop smoking midwife.
- 3 of those who set a quit date with the MSW have completed or are currently undertaking the programme. Neither of the women who initially engaged with the specialist stop smoking midwife continued with the programme.
- 40% of recruited women, who had set a quit date, were lost to follow-up.

Lessons for practice

Initial findings indicate that vulnerable pregnant women were more likely to engage with stop smoking support delivered by a specialist stop smoking MSW within the vulnerable women's team, compared with the same service being delivered via referral to a specialist stop smoking midwife. Further testing will be required to verify these findings.

Anecdotally, by embedding the smoking cessation function within the MSW's existing role within the vulnerable women's team, the MSW has been able to quickly establish a rapport and develop trust with the women which has proved key to maintaining engagement with the programme. Contrastingly, vulnerable women were much less likely to engage with a referral to the specialist midwife.

Impact of COVID-19

- Method of consultation ie. No 'Face-to-Face' contact. Instead, text, telephone and video conferencing have proved the primary methods of contact.
- Unable to verify quits as 'face-to-face' due to pause on CO monitoring.
- Unable to the use CO monitoring as a motivational tool.

Heidi Croucher, Smoking in Pregnancy Lead Midwife, Pan Dorset Smokefree NHS Project Lead (Public Health Dorset)

5.2 CASE STUDY: Using e-cigarettes to improve engagement with pregnant smokers – Bath and North East Somerset (BANES) Council

Strategic aim

The Bath and North East Somerset Health in Pregnancy Service (HIPS) identified that we were experiencing a loss of engagement with pregnant women using the service as well as a reduction in the number of women going on to become 4-week quitters.

We assembled a small working group made up of HIP advisors, the Stop Smoking Cessation lead, Tobacco Control lead and the Family Nurse Partnership (FNP) lead. We wanted to know what would help these women to better engage with the service and how we could offer them more choice in how they quit.

Action

We decided to trial the provision of free 'e-burn' e-cigarettes (e-cigs) to pregnant smokers via the HIPS to improve engagement among pregnant smokers. Following a 6-month pilot which concluded in June 2019, we implemented the scheme across BATHNES and Wiltshire. This work is funded by the Local Maternity System.

The e-cig offer is universal and does not have any eligibility criteria – the smoking status is recorded at the booking appointment and followed up at each subsequent appointment. Pregnant women are provided with a minimum of 2 e-cigs per-week, with the option to give the second one to their partner if they want to quit together. Although not included in the number of e-cigs provided for the service, the offer can also be extended to partners if they express an interest in using an e-cig to quit alongside the pregnant woman.

The HIPS also offers e-cig starter packs to smokers in both the community and hospital settings and have found that during this time of both health and financial uncertainty, that this service has proved useful and effective in helping our most vulnerable residents stay smokefree.

Adapting to COVID-19

Due to COVID-19 the HIPS has had to withdraw from face-to-face appointments and has instead been offering antenatal appointments via video or telephone. To ensure that pregnant smokers received consistent support throughout the pandemic, we have been offering a mailout service which posts the e-burns out to the pregnant smokers. This small adaptation has ensured continuity of the service and retained the engagement of smokers during this challenging time.

Outcomes

- 4.8% increase in the number of smoking pregnant women accepting at least 1 visit after being contacted by the health in pregnancy team.
- 2.4% increase in the number of quits (self-report).
- 5.2% increase in the number of CO validated quits – from those accepting at least 1 visit
- The e-burns are much cheaper than NRT, with 4 weeks of e-burn support (consisting of 2 e-burns p/w) costing £15.60, compared to £100 for 4 weeks of NRT provision (patches and inhalator).

Ruth Sampson, Health Improvement Officer, Bath and North East Somerset Council

6. Resources

The Challenge Group has developed a range of materials to support healthcare professionals working with pregnant women and parents who smoke.

6.1 COVID-19

ASH has developed a communications toolkit to support localities with their messaging around COVID-19 and smoking. This includes key messages, social media resources, a template press release, and a video. We have also developed a set of FAQs on COVID-19 and smoking which are designed to answer questions people may have about quitting smoking during the COVID-19 pandemic. These will be updated as the evidence base develops. You can find further resources on coronavirus and smoking during pregnancy here:

- Webpage: Coronavirus and smoking in pregnancy

6.2 Challenge Group resources on CO monitoring

The Challenge Group has developed several resources to support health professionals who CO monitor pregnant women. These can be accessed via the Challenge Group webpage on CO monitoring or via the links below.

- CO screening: advice for health professionals PDF version / Web version
- Test your breath: information for pregnant women PDF version / Web version
- The 'Test your breath' card is also available in these languages: Bulgarian | Somalian | Romanian | Lithuanian | Urdu | Turkish | Punjabi | Portuguese | Polish | Greek.
- Physical copies of these resources (English language only) can be ordered by completing this order form and returning it to: admin@smokefreeaction.org.uk
- Short training video: Carbon monoxide screening and 'Very Brief Advice'
- See also: NCSCT online training on delivering VBA and CO monitoring to pregnant women

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. Physical copies of the leaflet are available to order by completing this order form and emailing it to admin@smokefreeaction.org.uk

6.4 E-cigarette resources

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

- A 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 and families in (A5) and in (A4).

6.5 Evidence into practice briefings

The Challenge Group has published two *evidence into practice* briefings which present evidence-based lessons for practice, demonstrating how services can apply research evidence to support pregnant women to quit smoking:

- Supporting partners to quit smoking
- Supporting smokefree pregnancies through incentive schemes

If there are other topics you would like to see a briefing on or if you have materials that could be shared with the Smokefree Pregnancy Information Network, please email: admin@smokefreeaction.org.uk