

# Tackling high rates of smoking in pregnancy across the North East

Martyn Willmore

Fresh Smoke Free North East

# The impact of maternal smoking



2010 RCP report on  
“Passive smoking and  
children” states that:

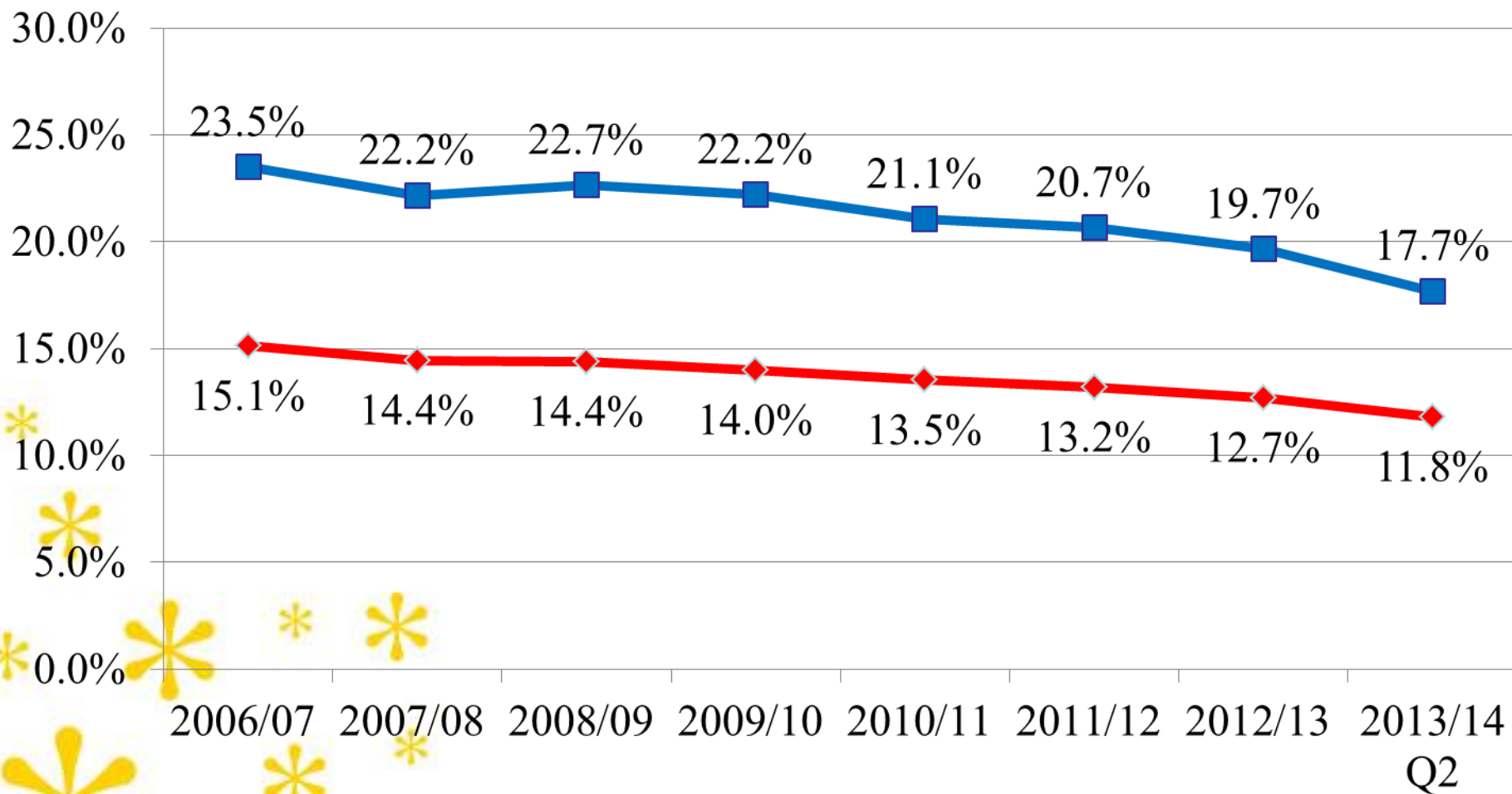
*“Each year in the  
UK, an estimated 3,000 to  
5,000 miscarriages are  
caused by maternal  
smoking”*



# Smoking at time of delivery rates since 2006/07



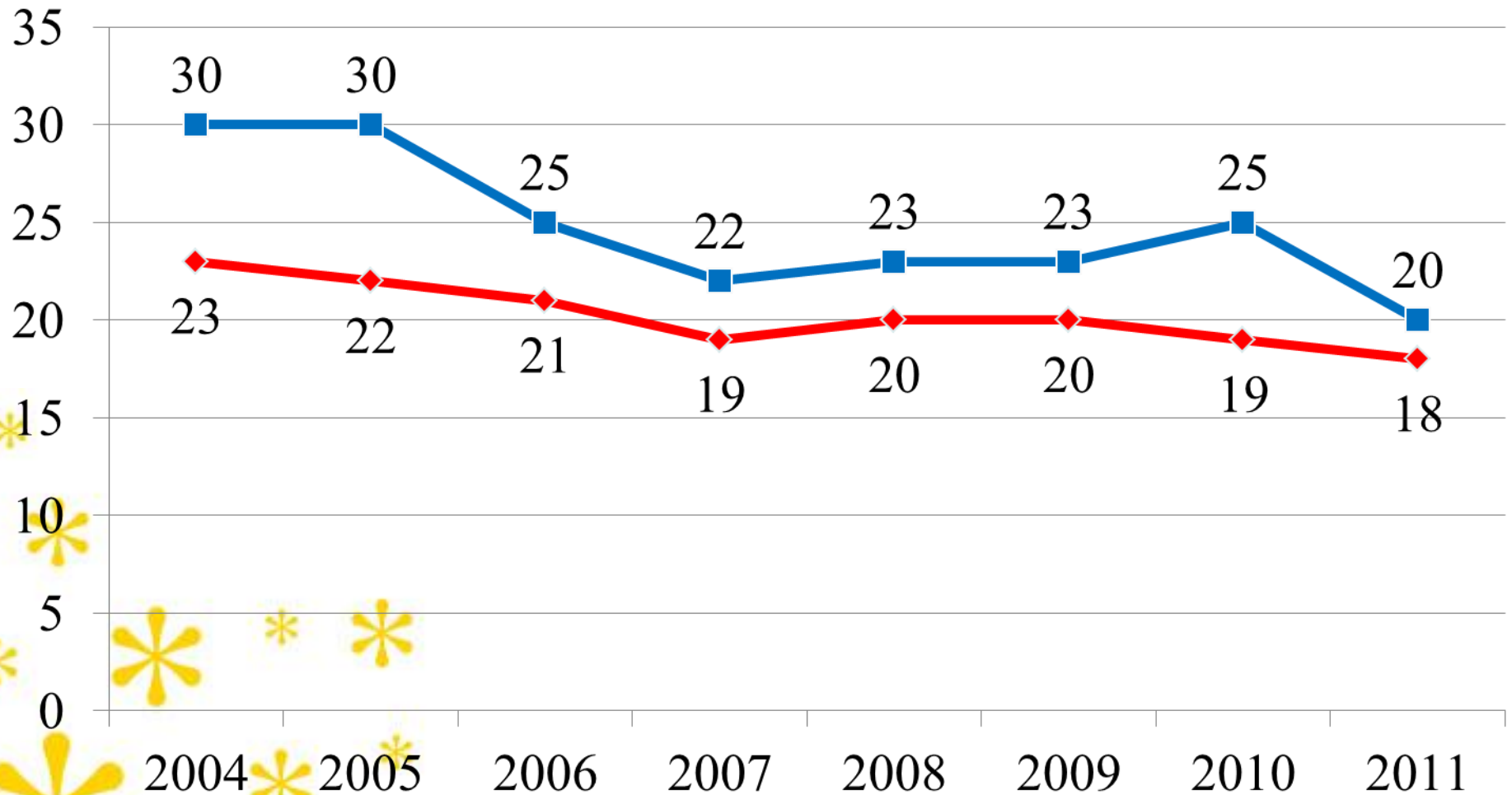
◆ England ■ North East



# Smoking prevalence (%) of women (NE versus England)



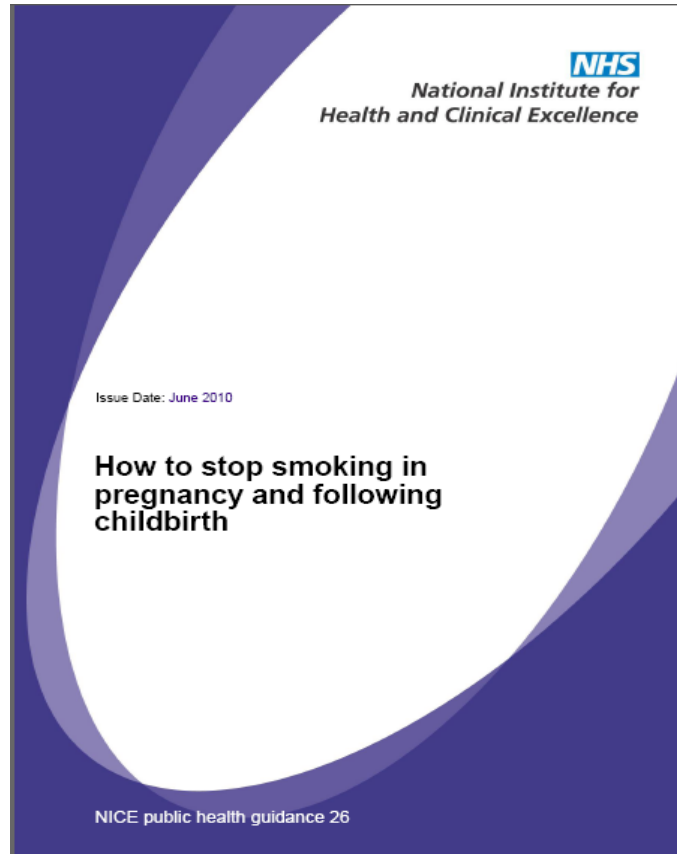
■ North East    ◆ England



# Scale of the issue.....

- In 2012/13, 5,678 NE women were recorded as smoking at time of delivery. An accurate figure?
- In the same year, 1,554 pregnant women set a quit date with the Stop Smoking Services (27%)
- We need to upscale our operation around identification and provision of stop smoking support on this topic
- **BUT** we must acknowledge that the greatest impact on this issue will come from wider Tobacco Control work

# NICE Guidance



**How to stop smoking  
in pregnancy and  
following childbirth**  
NICE public health  
guidance 26: Quitting  
smoking in pregnancy  
and following childbirth

# Starting up the project



- North East SHA, FUSE, Newcastle University and Fresh began discussions on high rates of maternal smoking in September 2010
- The role of **midwives** in helping pregnant women stop smoking identified as a primary focus of project
- Project advisory group first met in December 2010, consisting of above members, along with SSS commissioners, advisers, Heads of Midwifery, Lead Obstetricians



# Overview of project

- The project has had two distinct phases –
  - Information gathering and analysis
  - Identify solutions, implement and evaluate
  
- Phase One had three specific activities –
  1. NICE Self-assessment questionnaire to all NE Heads of Midwifery
  2. Survey of all NE midwives
  3. Dedicated event for NE stakeholders on 30<sup>th</sup> March, 2011





# NICE self-assessment

- Survey sent to all eight North East Heads of Midwifery in December 2010
- Template focussed on the recommendations specific to midwives
- A number of issues identified through Trust responses:
  - Access to (and comfort in) using CO monitors
  - Non-standardised approach to Level 1 training of midwives
  - Confused picture around referral pathways
  - Ad hoc follow-up of referrals at subsequent appointments



# Survey of NE midwives



- Over 1,300 questionnaires sent out. Responses received anonymously from 589 midwives (43%).
- Questions based on NICE guidance behaviours
  - How to ask pregnant women about smoking status
  - How to give advice about smoking behaviour
  - How to use a carbon monoxide monitor
  - How to refer into SSS
- Framework used eleven domains based on psychological constructs



# Theoretical Domain Framework

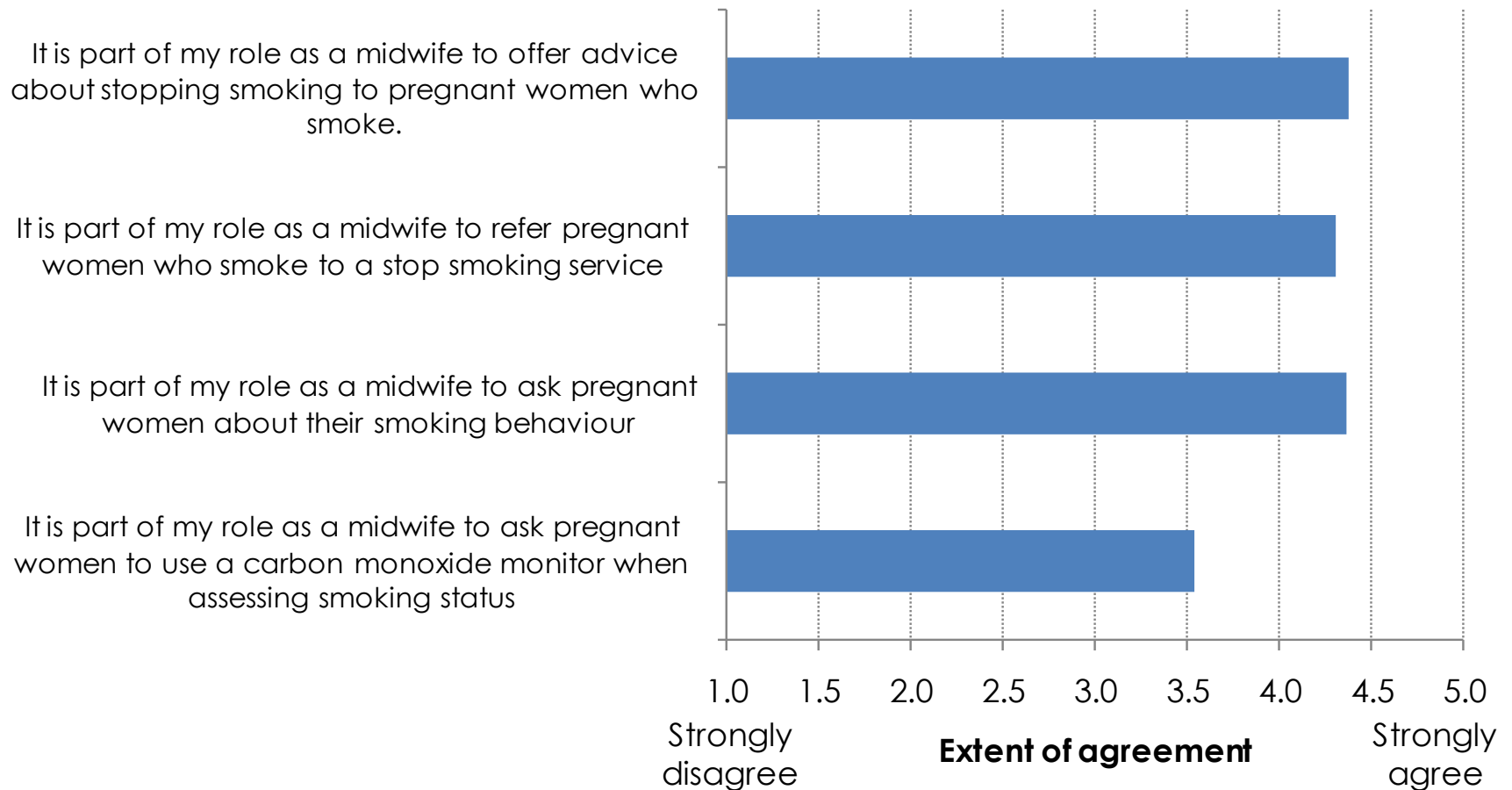


- Skills
- Emotion
- Knowledge
- Motivation and goals
- Memory and attention
- Beliefs about capabilities
- Beliefs about consequences
- Environmental context & resources
  - Action Planning
  - Professional role
  - Social Influences



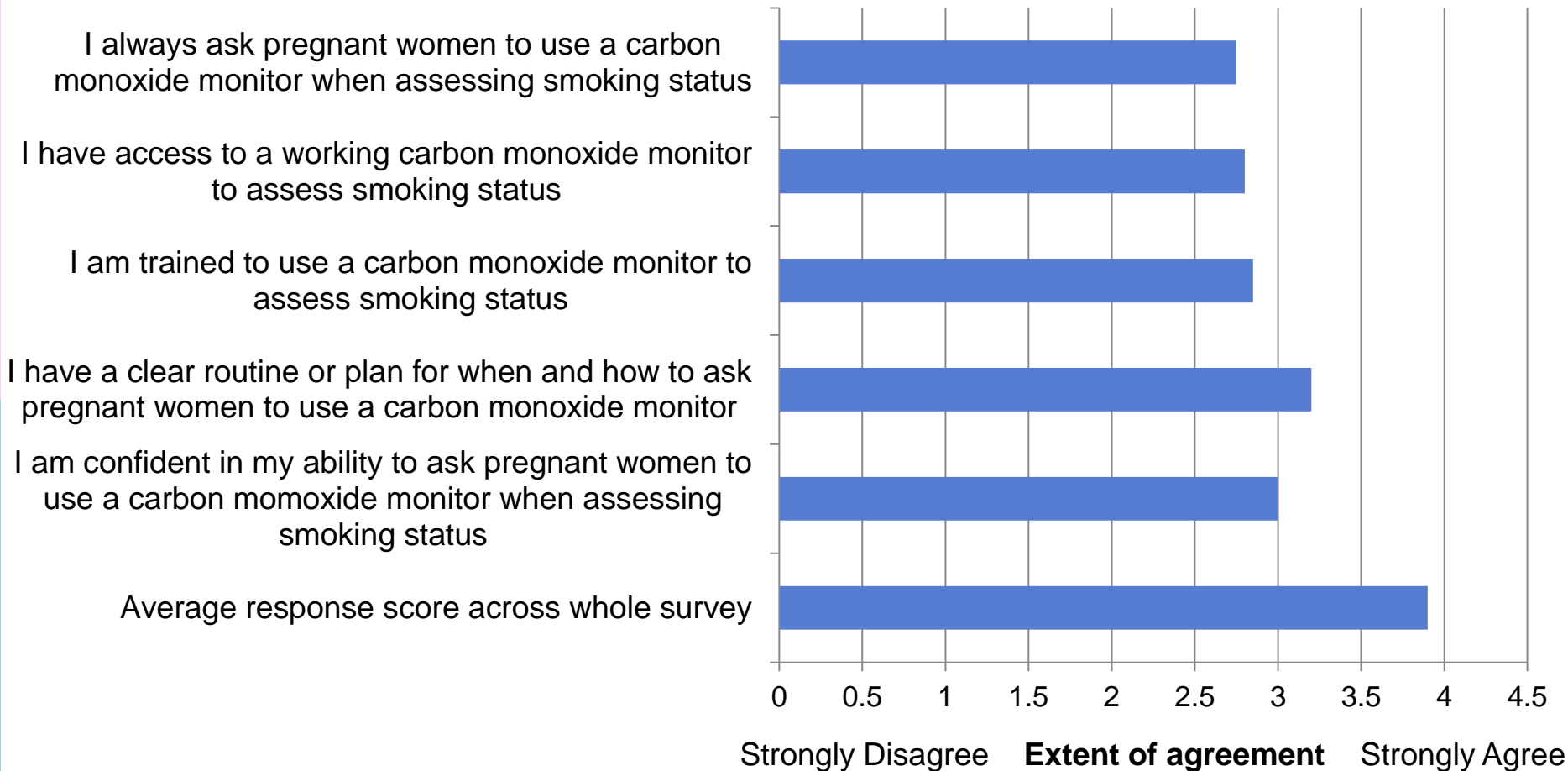
# Survey – Positive on Professional role

## Mean scores on professional role domain



# Survey – Carbon Monoxide testing

- Across all domains, questions relating to carbon monoxide testing scored consistently low



# Applying the findings



- A dedicated event was held with around 70 midwives and managers on 30<sup>th</sup> March 2011
- Focus of day was to share findings from surveys and discuss possible solutions to the issues
- Key outcome from the day was for each Trust to begin a local action plan
- Limited funds available to support work regionally



# Key outcomes from event

- Four main issues identified following locality discussions of survey findings and submitted action plans -
  - **Skills and training.** How to make training standards consistent across North East? Specific issues around CO monitors
  - **Resources.** Prompts/triggers to help midwives raise issue in a more structured way. Access to CO monitors
  - **Carrying the message consistently.** Common script for all midwives with key consistent messages. A change in language used (i.e. “low birth weight”)
  - **Managing relationships.** Mechanisms for overcoming potential negative reactions to discussing smoking

# Next steps – a regional approach



North East has commissioned the TCCC to deliver babyClear across the region:

- Systematic approach to CO monitoring and referral by midwives at first booking appointment
- Standardised referral pathways
- “Risk Perception” intervention by midwife at time of scan clinic
- \* • Skills training for midwives and NHS staff (advisers and admin teams)
- \* • Supply\* of all related materials





# Standard midwifery training



**Aim:** To enable participants to systematically identify smokers at time of first booking appointment by means of a carbon monoxide reading. To raise “concern” and automatically refer all smokers into NHS Stop Smoking Services



# Risk Perception Intervention



**Aim:** To enable a cohort of trained midwives to intervene (at time of dating scan) with pregnant women who have previously declined offers of help, and ensure they fully understand the risks of continued smoking in pregnancy



# Stop Smoking Services



- As part of NE roll-out, we also committed to ensuring that NE SSS pregnancy services deliver highest quality support:
  - Refresher training to existing advisors
  - Full training to any new pregnancy advisors
  - Training for SSS admin teams on converting “leads” into appointments attended
- SSS data for 2012/13 indicated that less than 27% of pregnant smokers used the service
- Majority of identified smokers opted out of support before ever seeing an advisor

# Implementation



- Numerous meetings took place with a range of key partners:
  - Heads of Midwifery/Midwifery Supervisors
  - SSS commissioners and providers
  - Public Health staff
  - Clinical Innovations Team for Maternity & Newborn
- We secured funding for phased roll-out of babyClear across NE and all associated funding in year one
- Letter sent out to FT Chief Executives, outlining the rationale for this approach, and seeking strategic support

# Evaluation



- Newcastle University agreed to carry out an independent evaluation of the project`s mid-long term quantitative outcomes
- Tees University will be evaluating qualitative outcomes
- Agreed a phased roll-out of implementation across 4 clusters. Bulk of training delivered:
  - Dec/Jan - County Durham and Darlington
  - Feb/March – South of Tyne and Wear
  - March/April – North of Tyne
  - May/June – Teesside

# Booking intervention training



<b>Cluster 1</b>	No. of midwives	Number midwives trained
Co. Durham & Darlington	72	101
<b>Total trained overall = 101</b>		
<b>Monitors given out = 83</b>		

<b>Cluster 2</b>	No. of midwives	Number midwives trained
Sunderland	65	51
Gateshead	22	11
South Shields	No list received	26
<b>Total trained overall = 106</b>		
<b>Monitors given out = 81</b>		

**NB:** 'Total trained overall figure' includes HCAs, MCAs, student midwives, midwifery assistants etc. that have been trained in addition to midwives.

# Booking intervention training



<b>Cluster 3</b>	No. of midwives	Number midwives trained
Newcastle	46	46
Northumbria	51	30
<b>Total trained overall = 76</b>		
<b>Monitors given out = 64</b>		

<b>Cluster 4</b>	No. of midwives	Number midwives trained
North Tees	58	45
South Tees	Approx 70	59
<b>Total trained overall = 116</b>		
<b>Monitors given out = 104</b>		

**NB:** 'Total trained overall figure' includes HCAs, MCAs, student midwives, midwifery assistants etc. that have been trained in addition to midwives.

# Booking intervention training



Total number of midwives trained across all clusters	339
Total staff trained across all clusters	399
Total number of CO monitors issues across all clusters	332





# Advisor Training



<b>Cluster 1</b>	2 day training
Co Durham & Darlington	
<b>Total number trained</b>	<b>33</b>

<b>Cluster 2</b>	1 day training	2 day training	Total trained
Sunderland	3	4	<b>7</b>
Gateshead	1	3	<b>4</b>
South Shields	9	5	<b>14</b>
<b>Total trained</b>	<b>13</b>	<b>12</b>	<b>25</b>

<b>Cluster 3</b>	1 day training	2 day training	Total trained
Northumbria	3	5	<b>8</b>
Newcastle	4	3	<b>7</b>
<b>Total trained</b>	<b>7</b>	<b>8</b>	<b>15</b>

# Advisor Training



<b>Cluster 4</b>	1 day training
North Tees	20
South Tees	11
<b>Total number trained</b>	<b>31</b>

<b>Regional Mop up Advisor Training Session - 25 September</b>	1 day training
All clusters	13
<b>Total number trained</b>	<b>13</b>



# Pharmacy Advisor Training



<b>Cluster 4 only</b>	Total trained
North Tees	11
South Tees	13
<b>Total trained</b>	<b>24</b>

<b>Healthy Living Pharmacy Training</b>	Total trained
Pharmacists across SoTW cluster	7
<b>Total trained</b>	<b>7</b>



# Admin Training



Cluster 1	Total trained
Co Durham & Darlington	
<b>Total trained</b>	<b>10</b>

Cluster 2	Total trained
Sunderland	
Gateshead	
South Shields	
<b>Total trained</b>	<b>7</b>

Cluster 3	Total trained
Northumbria	<b>2</b>
Newcastle	<b>3</b>
<b>Total trained</b>	<b>5</b>

Cluster 4	Total trained
North Tees	<b>0</b>
South Tees	<b>6</b>
<b>Total trained</b>	<b>6</b>



# Risk perception training



<b>Cluster 1 – Durham &amp; Darlington</b>	Total trained
<b>Total trained</b>	8

<b>Remaining Risk Perception Training</b>		
Cluster 2	Sunderland	Agreed – 2 <sup>nd</sup> Dec
	Gateshead	Agreed – 2 <sup>nd</sup> Dec
	South Tyneside	Agreed in principle
Cluster 3	Northumberland	Agreed - 6 <sup>th</sup> Dec
	Newcastle	Agreed – 6 <sup>th</sup> Dec
Cluster 4	Hartlepool	Agreed - 2 <sup>nd</sup> Dec
	Redcar & Middlesbrough	Agreed - January

# Initial Results (SSS throughput)



	Quit dates set in April- September 2012/13	Quit dates set in April- September 2013/14	% change in quit dates set since last year
County Durham & Darlington	165	203	+23%
Gateshead	25	45	+80%
South Tyneside	34	56	+65%
Sunderland	105	115	+9%
<b>Total (Clusters 1&amp;2)</b>	<b>329</b>	<b>419</b>	<b>+27%</b>

# Clusters 1&2 (August 2013 only)



	County Durham & Darlington	Sunderland	South Tyneside	Gateshead
Smoking at booking according to CO screening	38%	37%	59%	46%
% Declining referral at booking appointment	18%	6%	42%*	9%
% Unable to contact	36%	35%	26%	35%
% Declining support at first SSS contact	10%	3%	0%	4%
% of identified smokers engaging with SSS	36%	56%	32%	53%

- Fantastic early results from Darlington around Risk Perception

# Next Steps.....

- We need to get Risk Perception intervention embedded everywhere in NE
- Ensure that the routine CO monitoring at booking continues, and is both monitored and managed locally
- Track the impact on quitters, lost to follow-up rates and quit rates
- Support the formal academic evaluation of babyClear





# Next Steps.....

- Big PR push in December. Promote the fantastic commitment of region to babyClear, but also reiterate the importance of topic. Challenge the myths
- We have committed to fund this until March 2014. Crucial that localities then take ownership of this. Role of HWB Boards, CCGs, Midwifery Services, local Alliances, etc
- Crucial that we also keep up the pressure around standardised packaging, SHS, etc to reduce prevalence generally



