Reducing Smoking in Pregnancy - a health and social problem

North East & North Cumbria
Integrated Care System

The NE&NC team

ICP Central		
David Hambleton	Chief executive officer	South Tyneside CCG
Fadi Khalil	Clinical Vice Chair/ GP executive	Sunderland CCG
Jane Robinson	Director of Adult and Health Social Care	Durham County Council

ICP South		
Ahmad Khouja	Medical Director	Tees, Esk and Wear Valleys NHS FT
Ann Workman	Director of Adult and Health Social Care	Stockton Borough Council
Julie Gillon	Chief executive officer	North Tees and Hartlepool FT

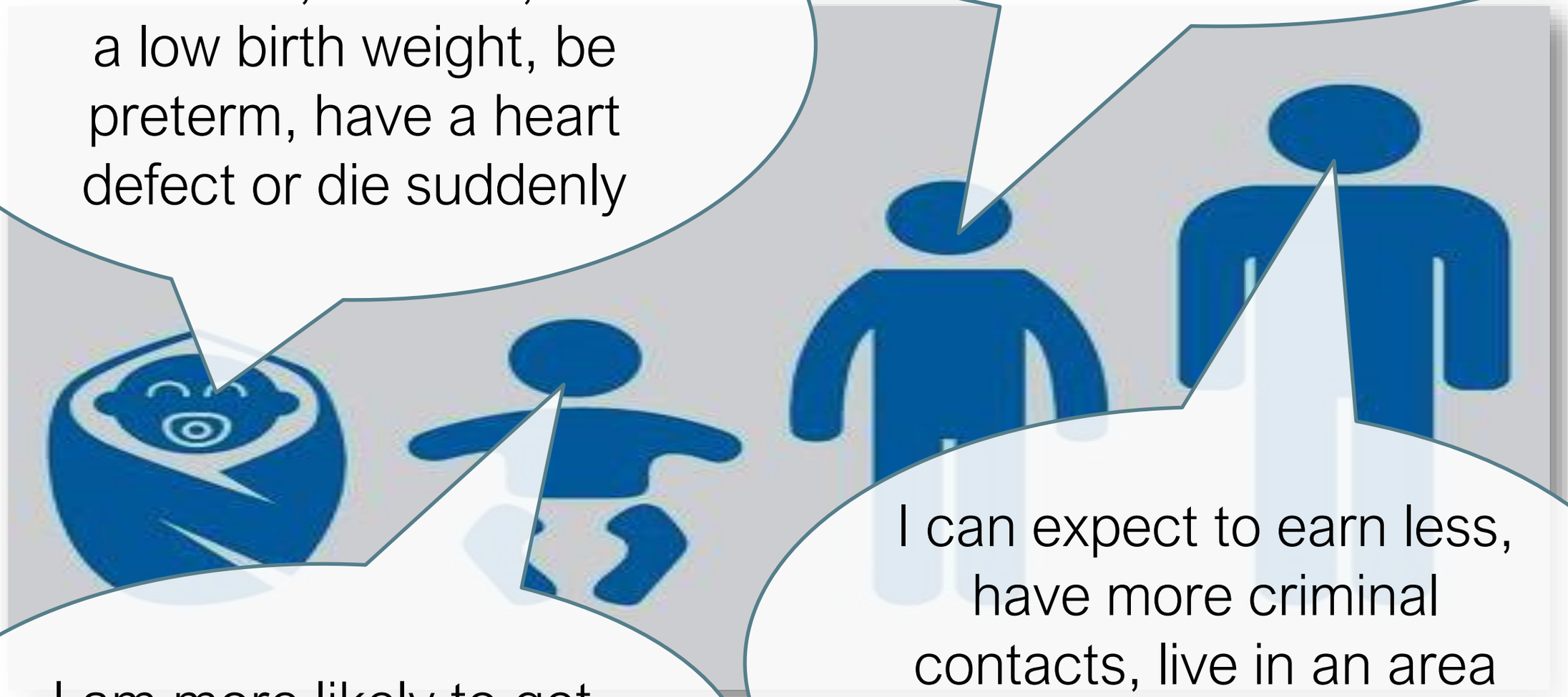







I am more likely to be miscarried, stillborn, have a low birth weight, be preterm, have a heart defect or die suddenly

I am more likely have behavioural problems, have poor school attainment and drop out sooner



I am more likely to get respiratory problems, infections and be obese

I can expect to earn less, have more criminal contacts, live in an area of greater poverty, and smoke myself

Scale of the problem nationally

Smoking during pregnancy leads to expensive obstetric healthcare and long-term health problems

The aim nationally is to reduce smoking in pregnancy to less than 6%

65,000 The number of babies born to mothers who smoke every year in England

10% Percentage of women in England who smoke at delivery in England

The local cost of smoking in pregnancy

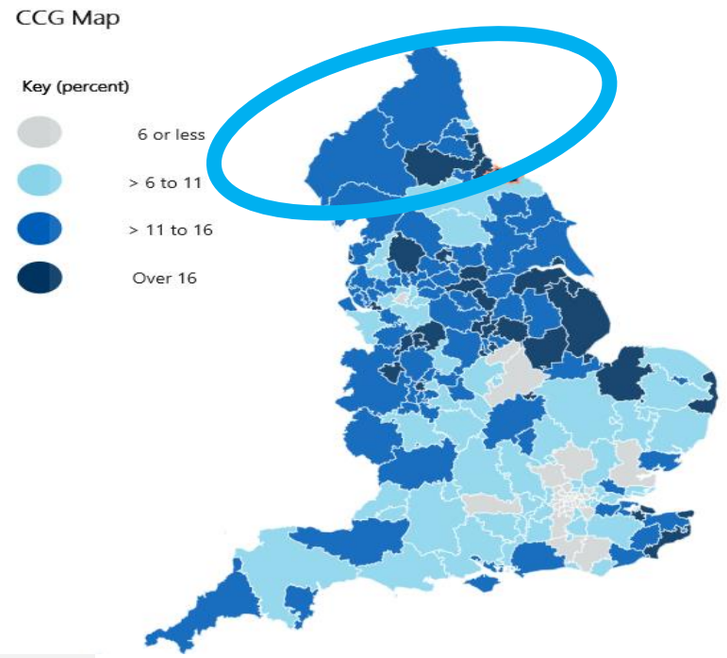
£2.7m Annual obstetric costs in North East of managing women who smoke

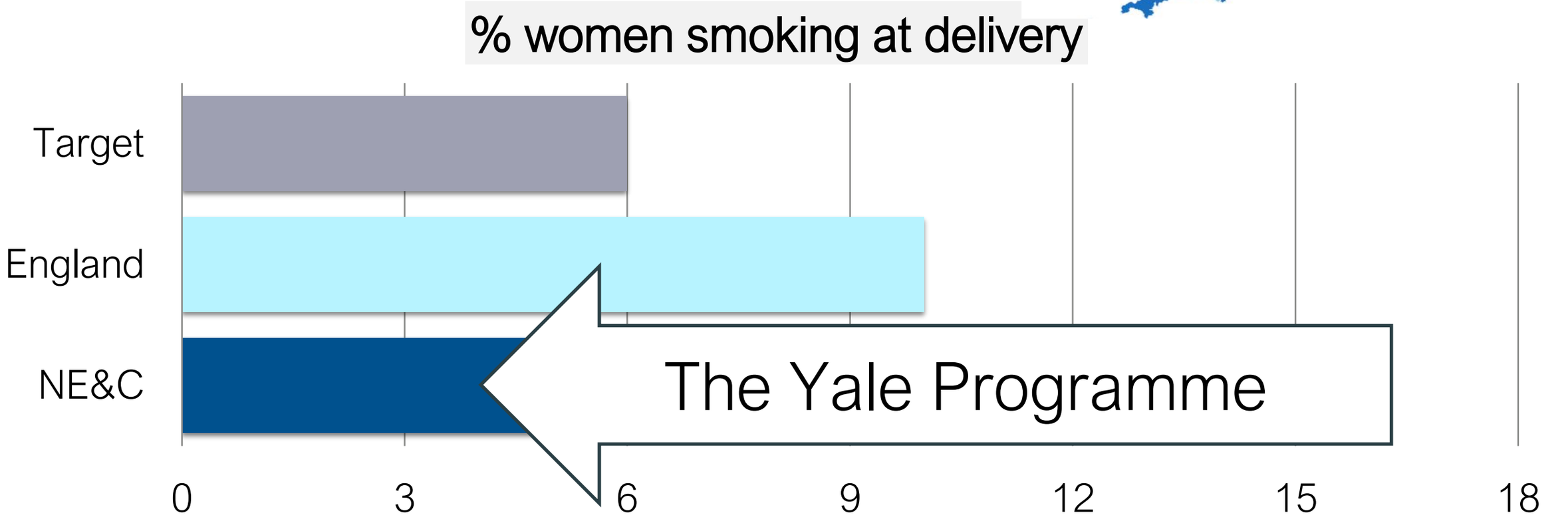
Our human cost

- 3 – 5 babies stillborn
- Up to 2 neonatal deaths
- 1 sudden infant deaths
- 32 - 53 preterm babies
- 96-160 babies born at a low birth weight

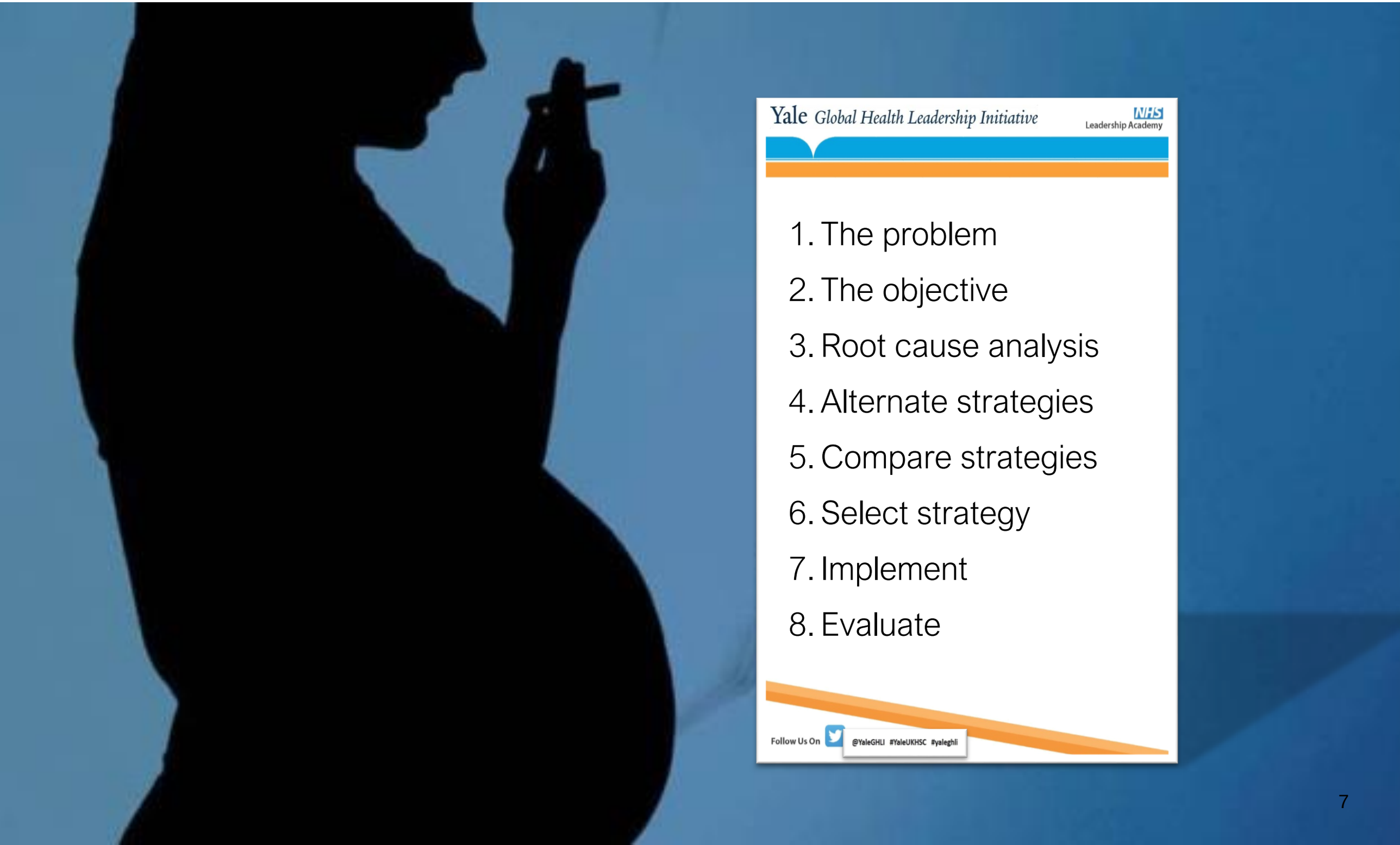
Scale of the problem: the local challenge

NE&C have a particularly long way to go to achieve the ambition

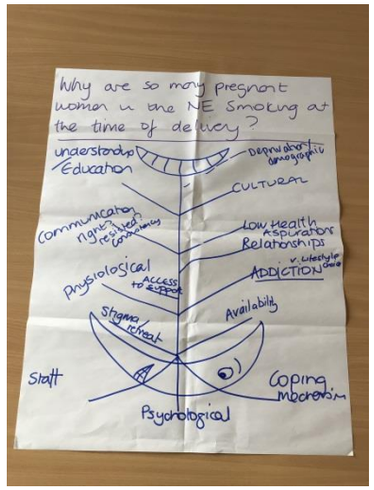




Using the Yale Methodology



Selecting the strategy



CULTURE AND COMMUNICATION

- Clear patient-centered script
  - "Are you addicted to nicotine or tobacco dependent?"
- Clear addiction-based clinical pathway
  - Carbon Monoxide monitoring critical
- Build the economic case for ownership across the whole system

Building the products

Developed a new script

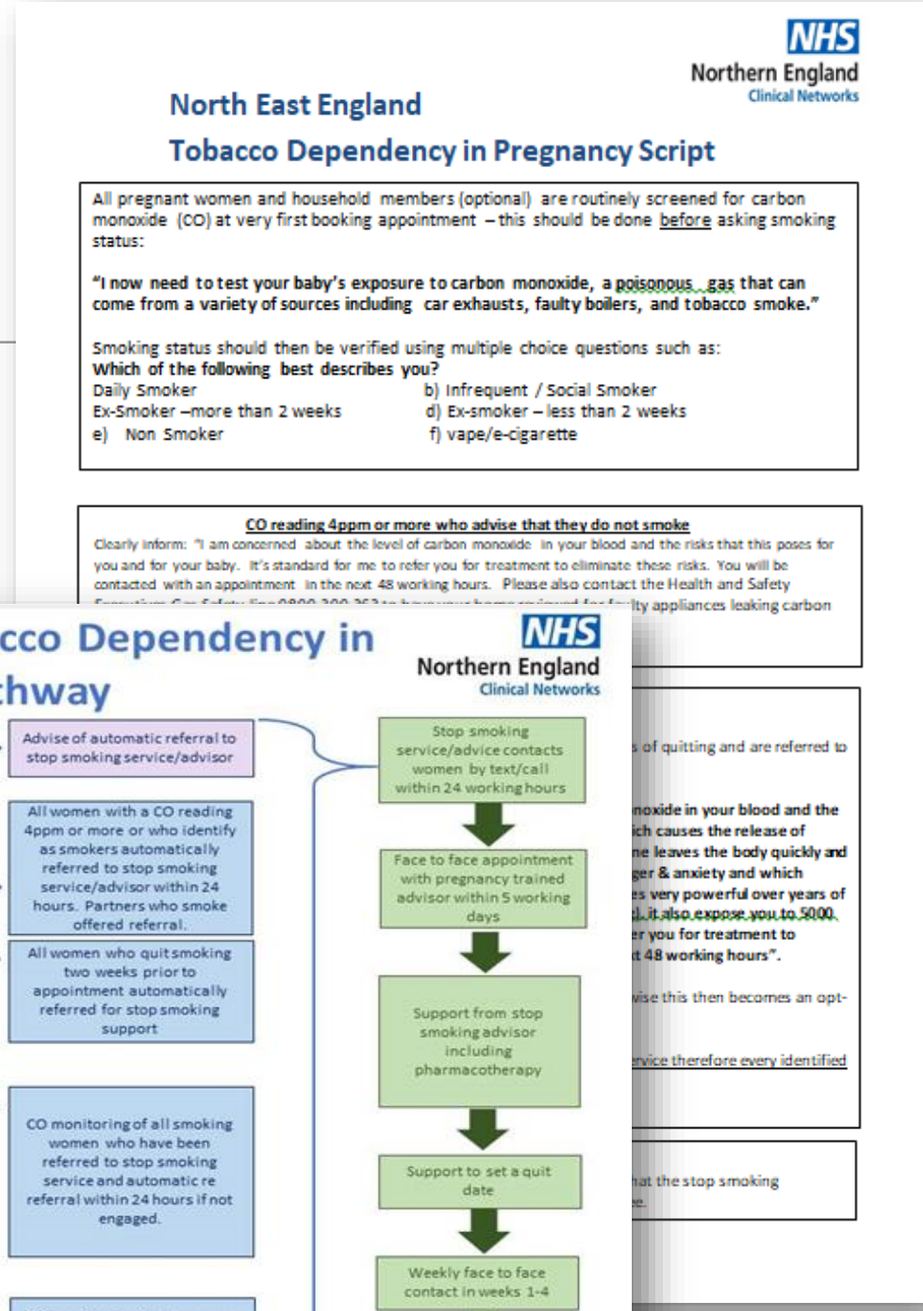
- Can be used by all professionals in the North East
- Co-produced

New clinical pathway for smoking dependency

- CO ‘monitor first, ask after’ approach
- Automatic referral to smoking cessation clinics (opt-out)
- On-going support to prevent relapse post-delivery
- By also supporting partners who smoke, we support the mother and unborn child.

The economic argument

- Individualised



Creating our implementation plan

Deliverable	Timescale
Products to address nicotine addiction • Script • Revised clinical pathway • Economic case • Letter to all acute Trusts/CCG CEOS re CO monitors	July 2019
Soft launch in Acute Trusts	August 2019
Official launch at the ICS Health Strategy Group	20 Sept 2019
Quarterly review of data and updates to the HSG	Q3 2019

What are we doing in County Durham to reduce tobacco dependency in pregnancy?

Tammy Smith
Public Health Advanced Practitioner

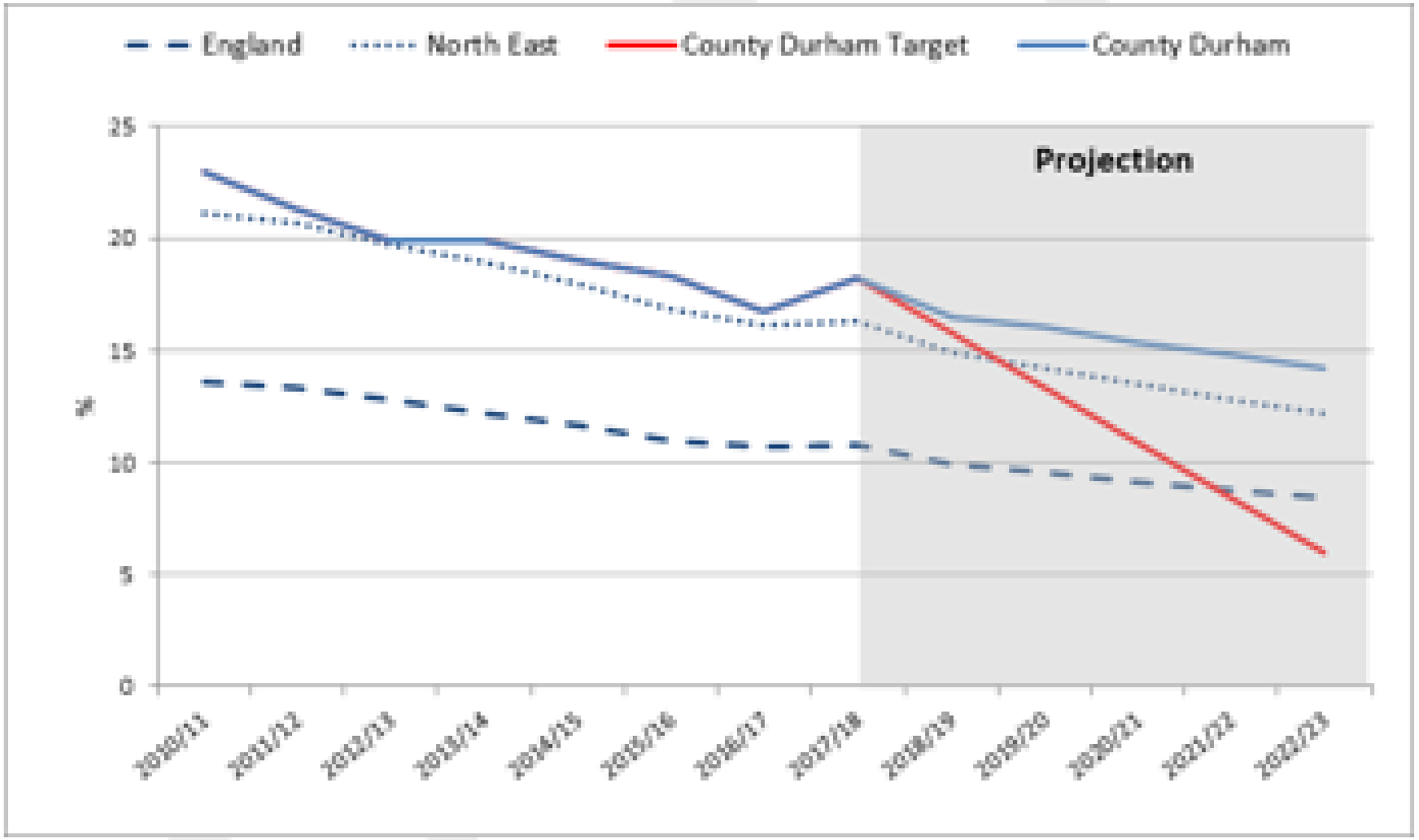
Altogether better

Durham County Council

In County Durham:

- Smoking at time of delivery in County Durham remains significantly higher (16.8%) than England (10.4%) (NHS Digital, Sept 18).
- There is greater variance between the CCGs. DDES smoking at time of delivery was 21.4%; North Durham 10.9% (NHS digital, Sept 18).
- A County Durham strategic plan to reduce tobacco dependency in pregnant women was developed in January 2019 which also aligns with the national ambition of 6% or less.

A challenging ambition?



Altogether better

Durham County Council

Since January 2019:

- A **multi agency working group** has been established with clear terms of reference linking in with regional work that is ongoing
- A **multi agency action plan** has been developed with 5 clear objectives
- **Facilitated focus groups** have been held with pregnant smokers to gain insights into their experiences
- We have implemented a **narrative change** from smoking in pregnancy to tobacco dependency in pregnancy in line with the findings from the Yale work
- **CO readings** are now taken at every midwife appointment
- **CO monitors** have been made available from CDDFT and are included on local inventory lists
- **Dual treatment** of pregnant women now takes place in DDES area, which is proven to be a more effective treatment plan

Altogether better

Durham County Council

- **12 weeks post partum support** to be included within the new Stop Smoking Service contract from April 2020
- **Additional resource** has been provided from the Specialist Stop Smoking Service
- A focus on **smoke free homes** has been included within the Health Visiting contract to ensure support is available after the baby has arrived
- Looking to **deliver place based work** in Shildon and discussions are ongoing to work with community groups to take this forward
- There is no longer an **opt-out option** for women at the point of contact with midwifes. Women can opt out with the specialist service only
- A **marketing and communications plan** is currently in development which will look at how we can work with regional partners such as FRESH and the LMS to make the most out of any marketing campaigns

What else needs to be done?

We need to:

- Get the marketing and communications plan right to make sure it has the most impact for our local populations and is relevant for whole populations as well as pregnant women
- Improve the process for making referrals from maternity to the stop smoking service to make this more efficient
- Educate practitioners across the workforce on framing the conversation with mum on tobacco dependency
- Ensure clear messages are made available on e-cigarettes and vaping and that this is recorded as non-smoking
- Link with GPs and sexual health services to ensure clear and consistent messages are provided in relation to pre-conception advice
- Put in place an audit process to identify any barriers and potential for improvements

What is needed?

We need to:

- ensure that organisational representation continues at the TDiP Working Group
- maintain organisations support and delivery for communications campaigns led by the TDiP Working Group
- support the delivery of targeted place based work such as working with Shildon Health Express
- support the strategic plan and implementation of any recommendations which may result