Pregnant women and smoking, improving health and achieving government targets.

East Cheshire Trust

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Why can midwives make a difference?

- As midwives we are in a unique position in that we can influence lives and the lives of others for generations.
- As we are all working towards QIPP helping the smokers of today will break the chain and help to protect our children's future from tobacco companies.

A Smoke free Future
Government Strategy
A Comprehensive Tobacco Control Strategy for England 2010

National Maternity Target

- Targets set for the stop smoking service are currently to reduce the prevalence of smoking in pregnant women at delivery to 15% by 2010.

Lets look at the East Cheshire service a year ago?

- The post was allocated 12.5 hours.
- We were experiencing inconsistent prevalence results.
- Resulted in not achieving the government target for 2009

Review of current service

- Quality
- Innovation
- Productivity
- Prevention

QIPP

Lets start with referrals

- Review of current referral process.
- Women were asked if they would like to be referred.
- Referrals were sent at booking.
- The referral form was located in the care plan for easy access by the midwife.

Referrals

- 2007-2008 131 referrals made to stop smoking service
- 2008-2009 220 referrals made to the stop smoking service.

Clinics

- We had 2 clinics.
- These areas were chosen to make access easier for the vulnerable and disadvantaged communities.

Client contact

- Contacted by letter with appointment time and date.
- Seen in clinics for stop smoking advise
- Given Nicotine Replacement Therapy in line with NICE Guidelines.
- Supported by text on a weekly basis.

Data Collection

The government statistics are taken from the pre labour questionnaire. On the Euroking system.

- It has been recognised that accurate data collection was a national problem.
- Therefore we needed to look at our data.

Strategy to improve the QUALITY and PRODUCTIVITY of the service.

- Increase the service hours
- Increase referrals
- Increasing clinics
- Client led appointments
- Training in brief intervention
- Mandatory training
- Empower the staff

SMOKEFREE

Key changes to Service

- Carbon Monoxide monitoring started in May 2009
- Introduced as an **opt out test.**
- All pregnant women are tested at booking.
- If **smokers** or **recent quits** all are referred to service.
- The monitors read the mothers CO and the baby's CO. Reads lack of oxygen in mother blood and baby's.

SMOKEFREE

Information sent about Co test prior to booking.

BENEFITS OF QUITTING SMOKING WHILE PREGNANT

There can be few better times to stop smoking than when you are pregnant for both yourself and for your baby.

- Reduced risk of ectopic pregnancy
- Reduced risk of miscarriage
- Reduced risk of morning sickness
- Increased energy level
- Reduced risk of complications during the birth of the baby
- Reduced risk of premature birth
- Reduced risk of still birth
- Reduced risk of underweight baby
- Reduced risk of an irritable baby as it experiences nicotine withdrawal symptoms
- Reduced risk of cot death
- Reduced risk of respiratory cifficulties at birth with continuing problems of wheezing, coughs and chest infections
- More money in your pocket

LOCAL NHS STOP SMOKING SERVICES

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Leighton Hospital
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Or for FREE advice on how to stop smoking and how to keep yourself smokefree call **0800 085 8818**

NHS

ANTENATAL CARBON MONOXIDE RECORDING

Patient Information Leaflet

SMOKEFREE
CENTRAL & EASTERN CHESHIRE

What happens to referrals.

- If unable to contact sent client letter offering service and leaflets to inform of risks of:
- Passive Smoking.

- Smoking in Pregnancy.

- Partners information about smoking.

Increased referrals
Increased Productivity

- Referrals then increased from
- 220 in 2008-2009
- 362 in 2009-2010

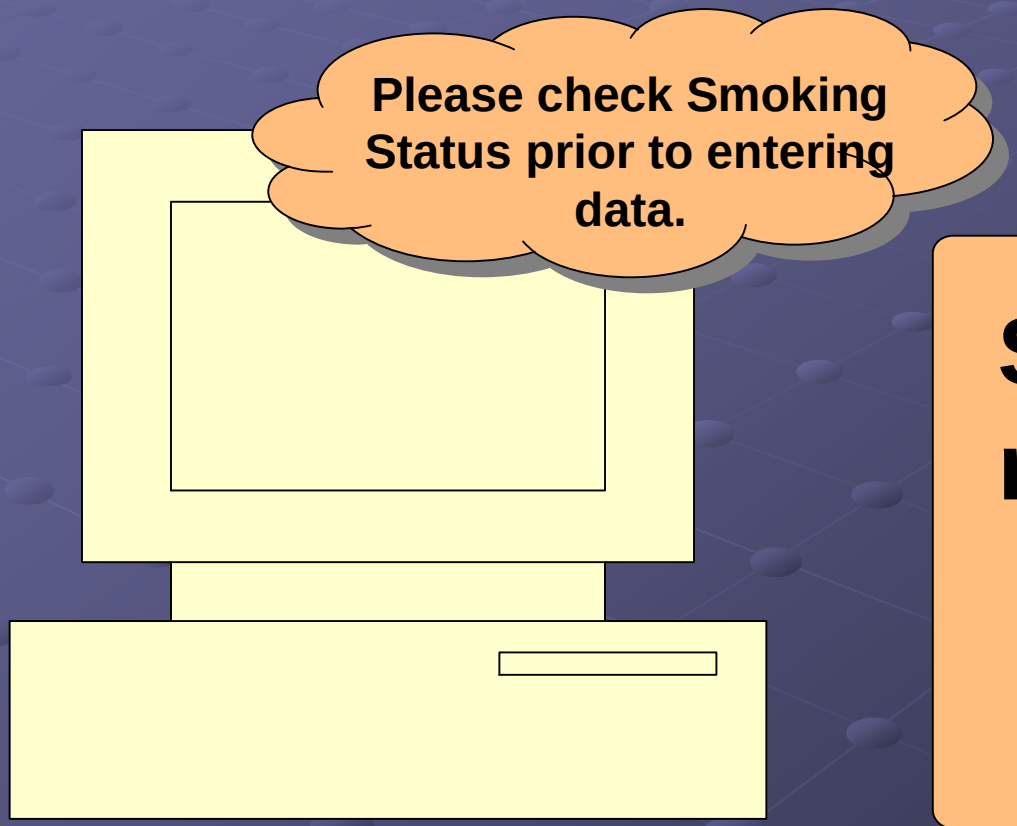
Clients who want to quit

- Seen at home if access to clinics is difficult.
- Opened another clinic to improve accessibility.
- Counselled on one to one.
- Nrt given by Voucher.
- Introduced support for all family members. To increase the success rates. Also to tackle the issue of smoke free homes.

Support

- Quit day call
- Weekly support throughout pregnancy by phone or text. Co repeated at week 4.
- Extra support as needed
- Support in the postnatal period
- Encourage the staff to ask how the client is doing at their antenatal appointments.

Reminders staff to ask client and input data correctly.



Stickers in the notes

Encouraging team to input the correct data.

- Constantly chipping away at the surface.
- BY:
- Assessing staff knowledge about targets.
- Increasing staff knowledge of where data comes from and why it is important.

Empowering the staff.

- At The time The Stop Smoking service had always been seen as my service.
- The knowledge of targets and what we were trying to achieve empowered them to take the service forward.

Mandatory Training

- Mandatory training for all disciplines of staff including Midwives, MCA's, Doctors.
- Induction program for all new starters.

Data collection is much improved.

- On weekly basis
- Contact every client and confirm her status.
- If data is incorrect it is altered on EuroKing system.

Service Promotion

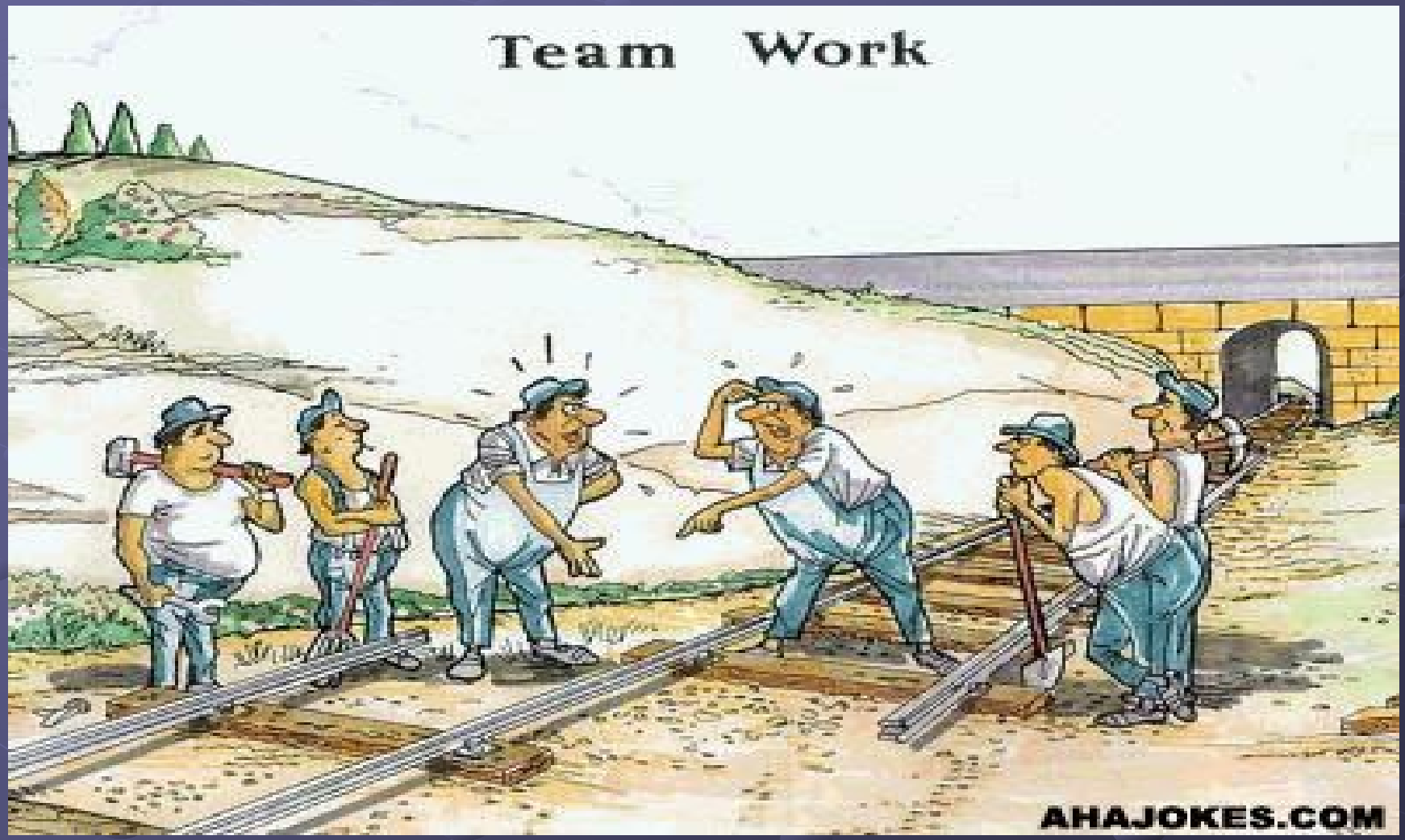
Launch of Co testing

- In hospital Magazine.
- Articles in local press.

No Smoking Day

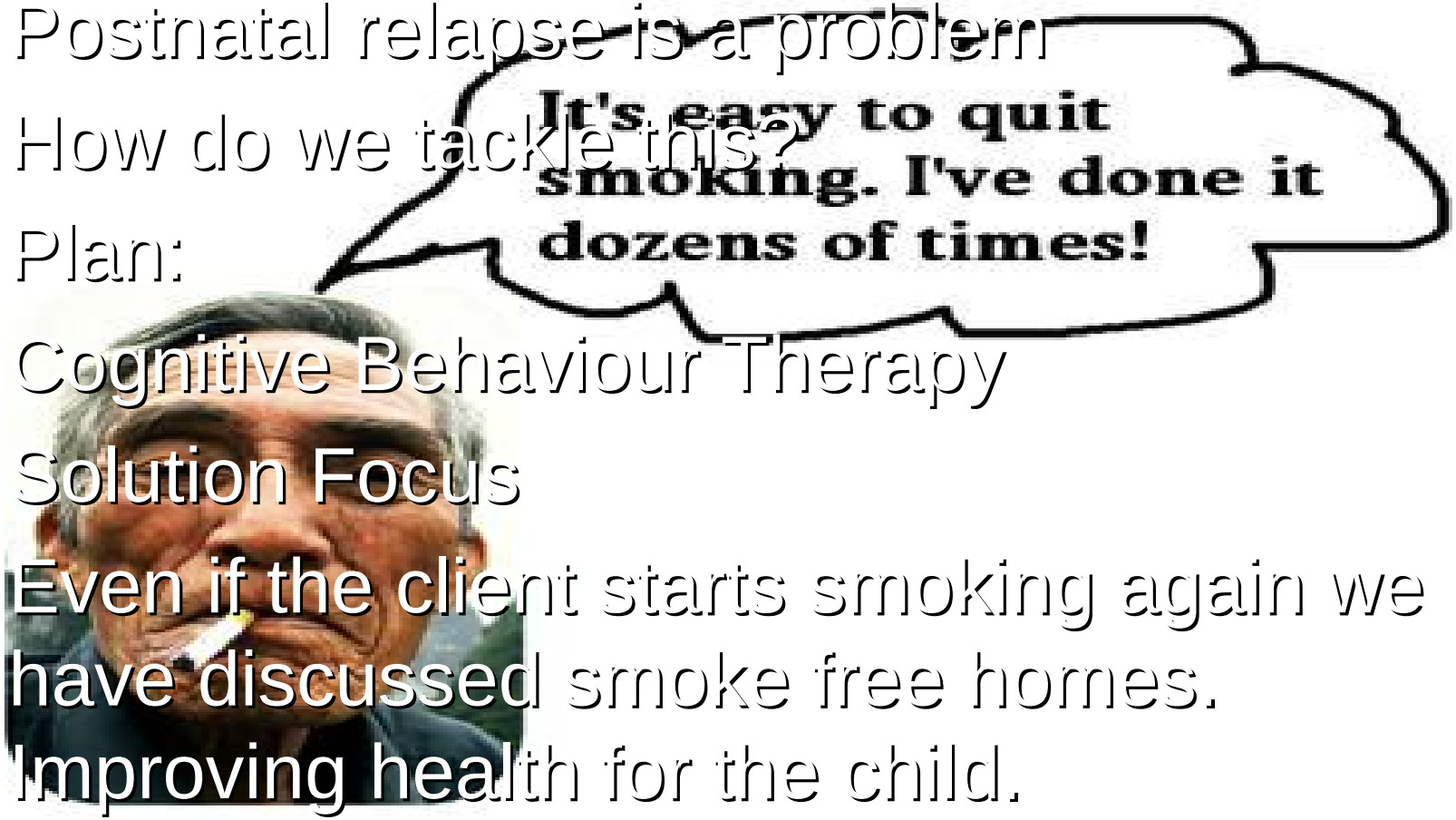
Getting the hospital involved.

Team work



Prevention

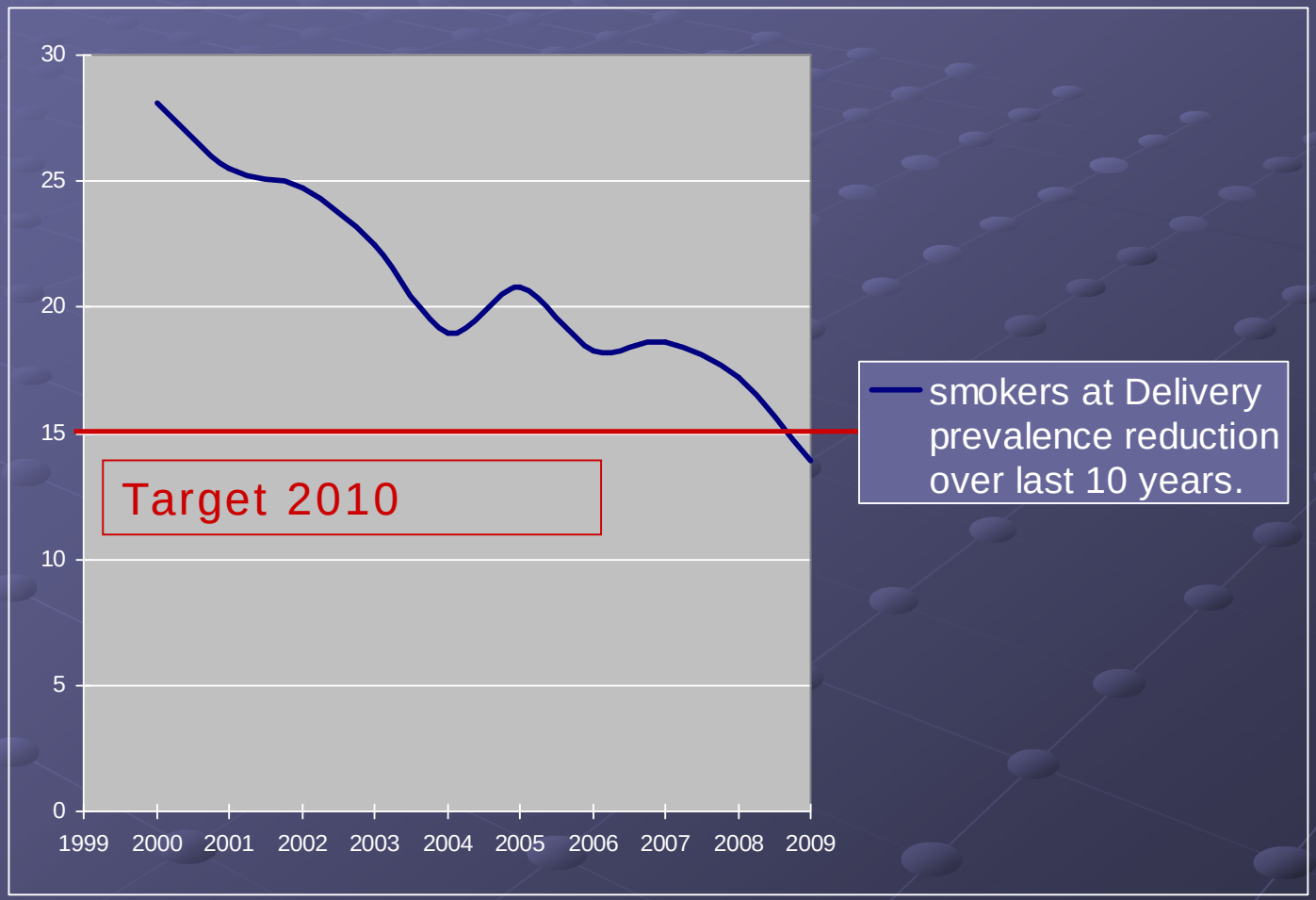
- Postnatal relapse is a problem
- How do we tackle this?
- Plan:
- Cognitive Behaviour Therapy
- Solution Focus
- Even if the client starts smoking again we have discussed smoke free homes. Improving health for the child.



What impact did all these changes make.

- We reduced the smoking prevalence from 17.2%
- To 13.8%
- A reduction of 3.4%
- Achieving the government target to reduce the prevalence of smoking in pregnant women to 15% at delivery

Decrease in smoking prevalence march 2000 - 2010



28.1% to 13.8 % in 10 years a reduction of 14.3 %

NICE GUIDELINES

- The NICE guidelines came out in July 2010.
- Looking at the effectiveness of current interventions.
- We were compliant in all areas.

Key achievements

- We have reduced the prevalence of smoking below the Government target.
- and as if it couldn't get any better… √

- We have reduced the mortality rate √
- By How Much?

Identifiable Actions to Reduce the 2002-04 Gap in Infant Mortality

What would work

Reducing conceptions in under 18s in the R&M group by 44% to meet the target

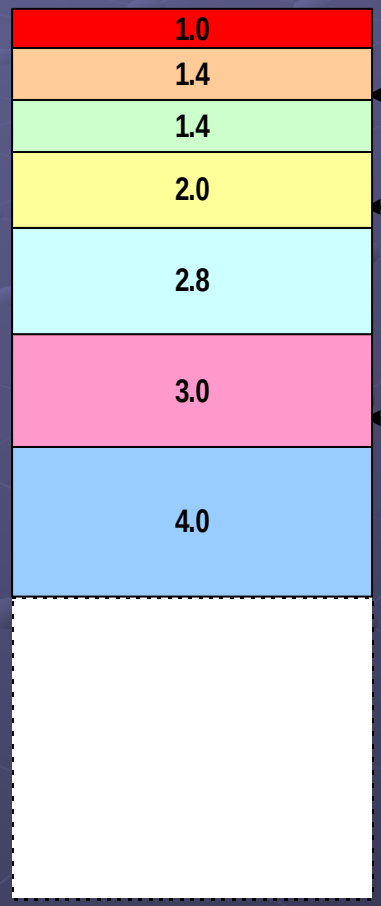
Targeted interventions to prevent SUDI by 10% in the R&M group

Reducing the prevalence of obesity in the R&M group to 23%

Increasing the rate of breastfeeding initiation in the R&M group to those of the non-R&M group from 67% to 83%

Immediate actions
Optimising preconception care
Early booking
Access to culturally sensitive healthcare
Reducing maternal and infant infections

Impact on the 2002-04 gap (percentage points)



What would work

Reducing overcrowding in the R&M group, through its effect on SUDI

Reducing the rate of smoking in pregnancy by two percentage points by 2010

Meeting the child poverty strategy

Long-term actions
Improving maternal educational attainment

Staying Motivated

Motivation ??

Motivation ??

Motivation ??

Everyone deserves the best start in life.
Thank you