

TITLE OF REPORT: Smoking in Pregnancy

REPORT OF: Alice Wiseman, Director of Public Health & Wellbeing

SUMMARY

The purpose of this report is to give the Committee an overview of the work that has been undertaken in relation to smoking in pregnancy.

The report will cover the following areas:

- Background
 - Previous performance – introduction to the data
 - What we have been doing?
 - What difference has this made?
 - Future work
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BACKGROUND

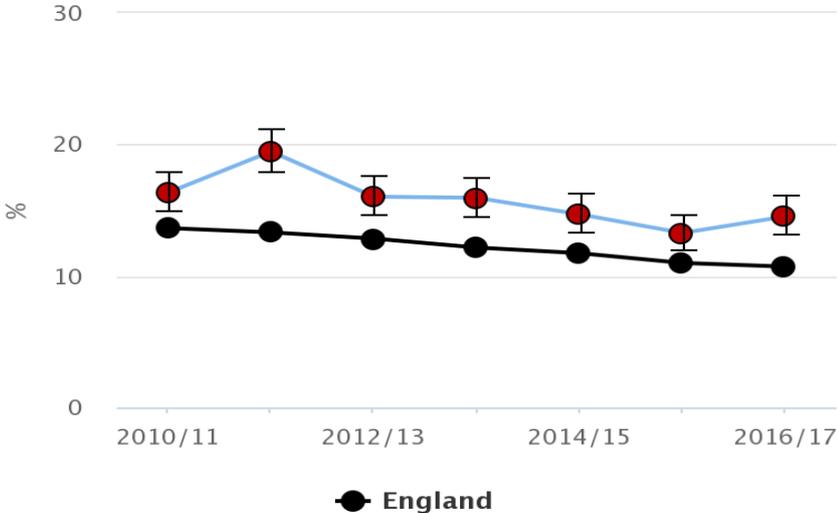
1. The transfer of public health responsibilities in 2013 brought public health services into the established local government Sector Led Improvement (SLI) regimes. In the Public health sector-led improvement framework the Association of Directors of Public Health (ADPH) indicated that the purpose of SLI is to “provide confidence both to internal and external stakeholders and the public as well as demonstrate continuous improvement to public health practice”.
2. The North East Directors of Public Health and Public Health England’s (PHE) North East centre approved a process for SLI for children from conception to two years. The work built on learning from the Local Government Association (LGA) SLI model. The SLI involved a local self-assessment procedure and aimed to identify where local authorities could focus time and resources to improve areas within the conception to 2-year offer.
3. The North East Directors of Public Health and Public Health England’s (PHE) North East centre agreed that the Gateshead and Durham Public Health Teams would pilot the SLI work in their areas.
4. The SLI looked at the following topic areas:
 - Pre-conception
 - Transition to parenthood, including healthy pregnancy and the early weeks
 - Breastfeeding (initiation and duration)

- Healthy weight, healthy nutrition (to include physical activity)
 - Health, wellbeing and development of the child (age 2)
 - Maternal mental health
5. Following the self-assessment smoking in pregnancy was chosen as one of the areas to initially focus on. This was chosen as protecting a baby from tobacco smoke is one of the best things a person can do to give their child a healthy start in life.
 6. Smoking in pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK. Smoking during pregnancy increases the risk of complications such as miscarriage, premature (early) birth, a low birth weight baby, still birth. Infants born to smokers are more likely to become smokers themselves which perpetuates cycles of health inequalities.
 7. The benefits of stopping smoking in pregnancy include:
 - Reduce the risk of complications in pregnancy and birth
 - More likely to have a healthier pregnancy and a healthier baby
 - Reduce the risk of stillbirth
 - Baby is less likely to be born too early and have to face the breathing, feeding and health problems that often go with being premature
 - Baby is less likely to be born with a low birth weight. Babies of smokers are, on average, 200g (about 8oz) lighter than other babies, which can cause problems during and after labour. For example, they are more likely to have problems keeping warm and are more likely to get infections
 - Reduce the risk of sudden infant death syndrome (SIDS), also known as "cot death".
 8. Subsequent to birth, there is no risk-free level of exposure to second-hand smoke. Second-hand smoke causes numerous health problems in infants and children, including more frequent and severe asthma attacks, respiratory infections, ear infections and sudden infant death.
 9. A smoking in pregnancy working group was set up in October 2018. The group includes key partners from public health, maternity services, quality improvement lead from Gateshead Foundation Trust, 0-19 team (health visiting, school nursing and family nurse partnership), regional local maternity systems prevention co-ordinator and the early help team. It was acknowledged by the group, at the outset, that there was no additional funding available and services needed to work together to make use of the available skills and resources to drive this work forward.

PREVIOUS PERFORMANCE – INTRODUCTION TO THE DATA

- 10. Data on smoking in pregnancy is obtained from NHS Digital’s “Smoking Status at Time of Delivery (SATOD)” collection. It is given as the number of mothers known to be smokers at the time of delivery as a percentage of all maternities. A maternity is defined as a pregnant woman who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital.
- 11. For Gateshead, whose boundary is contained wholly within that of Newcastle Gateshead CCG, the LA count is estimated as a proportion of the CCG figure. Since 2013/14 the Gateshead figure has been expressed as equal to the figure for Newcastle Gateshead CCG.
- 12. The chart below illustrates smoking status at time of delivery (SATOD) in Gateshead. Whilst there had been a year on year reduction since 2011/12 (19.5%) this has increased in 16/17 to 14.5% and 15.1% in 17/18. NB. Since 13/14 the data is presented at Newcastle Gateshead CCG level.

2.03 – Smoking status at time of delivery – current method – Gateshead



- 13. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (measured at time of giving birth).
- 14. Improvements in smoking in pregnancy at a national level have stalled since 2015/16.

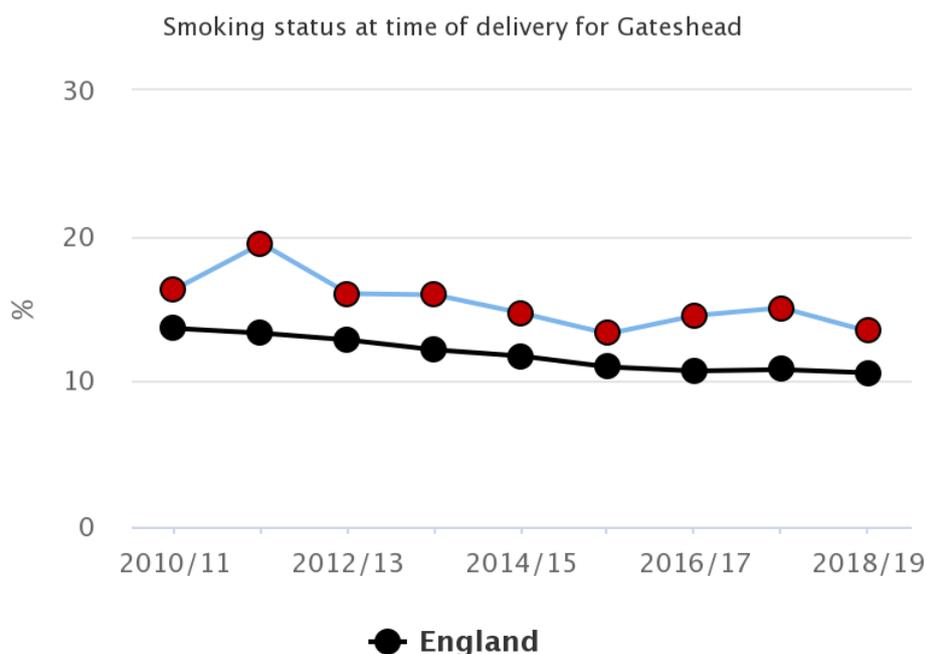
WHAT HAVE WE BEEN DOING?

15. We now have 28 GP practices and 37 pharmacies within Gateshead who have stop smoking advisors. The single point of contact number for advice on referral into GP and pharmacy stop smoking services has been established.
16. A bespoke public health maternity plan has been agreed as part of the North East Local Maternity system (LMS) network. This has a specific section which focuses on reduction in tobacco dependency in pregnancy and has a number of key actions which the smoking in pregnancy working group review at each meeting.
17. Local Authority Early help services – links are being made to have workers in the service trained in very brief advice, so they can offer advice and be able to refer on, where appropriate, and “hand hold” to get people into GP’s or pharmacies if they wish to quit. They will then look at embedding smoking support into the support plan.
18. Over half of the 0-19 public health nursing service (health visiting and school nursing staff) have been trained as stop smoking advisors – this is in addition to the 4 family nurses who were already trained. In addition to the support offered by maternity services, health visiting staff will be able to identify at the 28-32 week visit if the mother is still smoking and offer support to quit. They will also be able to offer support to anyone else in the household who is smoking. This is especially useful to reduce exposure to second-hand smoke in the home, and to help the family to stay quit following the birth of the child.
19. The maternity service at Gateshead Foundation Trust (FT) was one of 23 sites who participated in the PREP trial (Helping Pregnant Smokers Quit: A multi-centre randomised control trial of electronic cigarettes and nicotine patches). They saw all pregnant smokers who were identified in clinics, who were over the age of 18, were daily smokers and were between 12 and 24 weeks pregnant. Gateshead FT was the number one recruiting site in the country for the trial.
20. Following a presentation by the Public Health Consultant in Gateshead to the Board of Gateshead FT a Quality Improvement Lead was nominated to drive forward improvements in identifying and treating nicotine dependence. Support includes work to ensure that hospital staff can easily refer patients to local stop smoking services.
21. The Quality Improvement Lead carried out a gap analysis on smoking training and the Public Health MECC lead provided a programme of Very Brief Advice training for Gateshead FT staff. The initial priority groups that were trained were midwifery, A & E, respiratory staff and the short stay unit.

22. Gateshead FT now provides a stop smoking service through their outpatient pharmacy. This is available to all patients and staff.
23. The Public Health Programme lead for tobacco is working with Gateshead FT to support them to develop nicotine dependence pathways and to become completely smoke-free in line with NICE guidance.
24. Gateshead FT has re-established specialist midwife support to help women and their partners to stop smoking.
25. Gateshead FT Maternity service has been a priority for pathway development. All midwifery staff are equipped with a carbon monoxide monitor and trained in its use. All women are screened at their first appointment (the booking scan) and those who smoke advised on support available, including the QE's in-house stop smoking service. Women are screened again at their second appointment (the dating scan) and subsequent scans. Those who continue to smoke are referred to the specialist stop smoking midwife for enhanced support.
26. There are "screen savers" around the Queen Elizabeth hospital so staff know who to contact within the public health team to get details of GP and pharmacy stop smoking advisors in Gateshead if required.
27. Regionally, the North East England Tobacco Dependency in Pregnancy working group, set up as part of the Local Maternity Services Network, has developed a pregnancy pathway and dependency in pregnancy script. This is to support maternity services across the region to have a consistent approach with pregnant women who are smoking. This was launched in Gateshead on the 1 October 2019 and the Chief Executive of Gateshead FT has signed up to support this. Training is currently taking place with staff to embed the use of the script within every contact with pregnant women.

WHAT DIFFERENCE THIS HAS MADE?

28. Smoking at time of delivery fell from 15.1% in 2017/18 to 13.4% in 2018/19. This the third lowest out of the eleven North East and Yorkshire CCGs and below the regional average:



29. This improvement has been sustained throughout 2019/20:

SATOD	2018/19	2019/20				
	Annual	Q1	Q2	Q3	Q4	Cumulative
NHS Newcastle Gateshead	13.4%	13.5%	12.2%	N/A	N/A	12.9%
North East and Yorkshire	15.6%	15.0%	14.3%	N/A	N/A	14.4%
England	10.6%	10.4%	10.4%	N/A	N/A	10.4%

30. This is especially encouraging against the backdrop of effectively no change at a national level since 2015/16. Smoking at time of delivery remains amongst the lowest across the region.

31. In addition, this work has helped develop a whole system approach to how relevant services and partners in Gateshead work to support pregnant women and their families to stop smoking. This has been achieved through true partnership working and the creative use of existing resources.

FUTURE WORK

32. Initially it was envisaged that the smoking in pregnancy working group would be time limited. To enable us to continue to monitor progress and the tobacco dependency in pregnancy section of the LMS action plan it has been decided the group will continue to implement actions and drive forward any areas of work that are identified.

33. Areas to develop further will include post-natal support to prevent relapse and the implementation of evidence-based support to further reduce smoking during pregnancy.

RECOMMENDATIONS

The committee is asked to note the contents of this report and the work that has taken place to support pregnant women and their families to stop smoking.

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