Briefing on the Coventry & Warwickshire Smoking in Pregnancy (SiP) Review

1. Review Content

The review included the following elements:

Electronic data: Three years maternity booking data/antenatal records to document the epidemiology of smoking at booking (SAB) and smoking at time of delivery (SATOD). An additional maternity data set including SATOD status together with birth outcomes was analysed to demonstrate the impact of SiP in terms of morbidity and mortality. Smoking service data was provided to document access to specialist support for pregnant smokers.

Case note audits: 300 maternity records of those SAB were reviewed by midwives and Health Visitors and 100 records were reviewed by Family Nurse Partnership (FNP) services – exploring compliance with NICE and other guidance.

Staff Engagement: There were 580 survey responses from staff in maternity services, Health Visiting, FNP, GPs, Practice Nurses and Children's Centres/Family Hubs – exploring attitudes to SiP, the adequacy of training, knowledge and confidence in addressing SiP, compliance with guidance, barriers, opportunities and suggestions for improvement. In addition, 228 front-line staff engaged in discussion groups to explore issues in more depth.

Evidence review: To examine what works in reducing SiP rates

2. Review Findings

Scale of the problem: SiP is associated with significant morbidity, mortality and cost, with almost double the rate of stillbirth, preterm delivery and Low Birthweight babies in smokers vs non-smokers. Massively increased NHS and wider system costs – up to £1.6m each year for neonatal intensive care alone across C&W, with an estimate of £3.4m for an annual cohort of children born prematurely because of SiP, by the time they are 18 (to meet education, health and other needs).

Epidemiology: Approximately 1550 women are SAB across C&W – they tend to be younger, less ethnically diverse and have more co-morbidities than non-smokers. There is a strong relationship with deprivation and geographical 'hot-spots' have been identified. SAB ranges from 9% for the SWCCG, 13% for CRCCG and 17% for the WNCCG populations. Approximately 365 women quit each year and there are about 1000 women SATOD.

Access to specialist support: If not all, a high proportion of smokers are referred for specialist support, but overall only 50% accept the offer, and of those only 39% manage to quit (20% of those referred). Women face many barriers in quitting – in particular living in smoking households, particularly where partners smoke, and living in communities where smoking is 'the norm'. Together with other challenging life circumstances the barriers to quitting are often too great.

Compliance with guidance: The review found that not all smokers are being identified at booking, but for those that are guidance is broadly being followed although there is scope for improvement. SWFT show greater compliance, possibly due to enhanced baseline maternity investment relative to UHCW and GEH.

Staff engagement: (i) The vast majority of staff think SiP is important, but a much smaller proportion think it is their job to address it- MECC is not happening in relation to SiP. (ii) Staff do not feel well trained – 27% of maternity staff say they haven't been trained, others lack knowledge and confidence. There is wide misunderstanding about the harm reduction potential of e-cigarettes (iii) and staff identified opportunities for change, including the following:

- More investment for socially deprived areas
- The need for a revised model of specialist provision with more rapid access
- More work with partners/families given the pivotal role of household smoking

Evidence: The evidence confirms that interventions to reduce SiP are cost effective and can be cost saving. Elsewhere a system-wide approach has seen a doubling of quit rates.

3. What Needs to Change

SiP is associated with significant morbidity, mortality and cost, with almost double the rate of stillbirth, preterm delivery and Low Birthweight babies in smokers vs non-smokers.

The national 6% SATOD target will not be met across C&W unless there is significant change. Targets to reduce stillbirths and preterm deliveries are also likely to be missed. The key issues that need to be addressed include the following:

- An increased system wide focus to reduce population smoking among higher risk communities and reshaping social norms around SiP.
- A greater focus on pre-conception advice with a family/household focus.
- Increased ownership of SiP across all services and across all staff groups in all maternity service settings, making MECC a reality.
- Introduce mechanisms to 'cohort' smokers within maternity services so that specialist support can be provided to smokers efficiently.
- A 'levelling up' of resources and support such that the systems and processes adopted in SWFT can be emulated in UHCW and GEH.
- Improved training, in particular for midwives, enabling them to have challenging conversations, so their advice motivates women to quit.
- A revised model of specialist support is required whereby women have more rapid access to specialist advice and NRT to enable their quit attempt.

4. Recommendations

The key review recommendations are:

- Develop a comprehensive C&W wide Tobacco Control Plan, that includes a focus on activity with 'higher risk' communities. The plan should seek to promote smokefree homes and communities drawing on the contribution of a wide range of services and partner agencies. It should build on evidence of what works in reducing smoking especially among higher risk groups.
- Implementation of a systematic approach to smoking cessation within maternity services and across the local maternity system based on the evidence based 'BabyClear' approach – including dedicated leadership within maternity services, enhanced staff training and revised pathways including delivery of the Risk Perception Intervention.
- Co-produce a new model for Specialist Smoking in Pregnancy Services, providing more rapid 'in clinic' access to specialist advice and NRT.

Note: The report also includes a series of specific recommendations for consideration.

5. Request to System Decision-Makers

Through the NHS LTP and the National Tobacco Control Plan, local authorities and the NHS have shared strategic objectives to reduce population smoking and smoking in pregnancy. Achieving the associated targets would bring improved health and well-being, increased prosperity, a reduction in health inequalities, and system-wide savings. There is now an unprecedented opportunity for co-ordinated investment and collaborative action across the system that would enable these objectives to be met. Thus strategic decision-makers across Coventry and Warwickshire are asked to prioritise smoking as a system-wide 'invest to save' strategic work programme.

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Link to Review reports: https://www.happyhealthylives.uk/our-priorities/maternity-and-paediatrics/pregnancy-smoking/