



Reducing Tobacco Dependency in Pregnancy: a regional LMS approach with a local delivery

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The Maternity Network and Local Maternity Systems in North Cumbria and the North East

Maternity and Perinatal Mental Health Clinical Network

Stephen Sturgiss	Chair of Maternity Clinical Advisory Group and Obstetric Clinical Lead
Anne Holt	Midwifery Clinical Lead
Andrew Cairns	Perinatal Mental Health Clinical Lead
Suzanne Thompson	Network Manager

1. Northumberland, Tyne and Wear (inc. North Durham) LMS

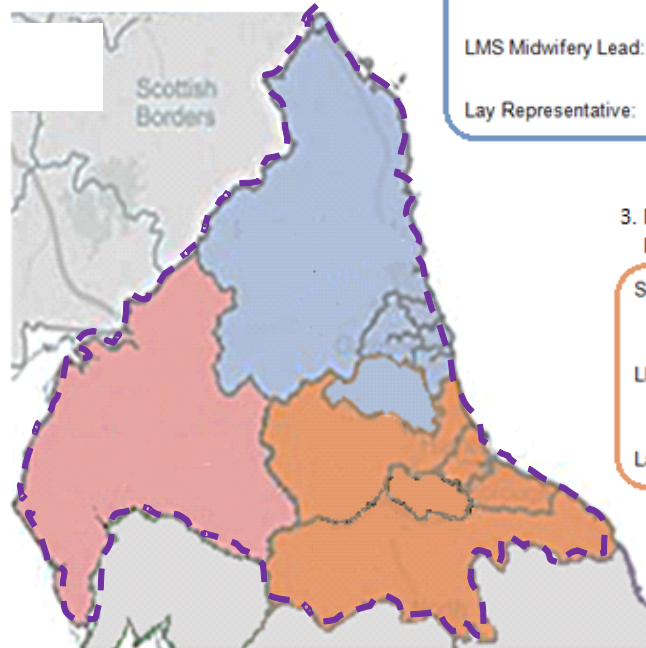
Senior Responsible Officer:	Andy Beeby - Consultant in Obstetrics and Gynaecology, Gateshead Health NHS FT
Clinical Lead:	Stephen Sturgiss - Consultant in Obstetrics and Gynaecology, Newcastle Upon Tyne NHS FT
LMS Midwifery Lead:	Kathryn Hardy - Quality & Audit Lead Midwife, Northumbria Healthcare NHS FT
Lay Representative:	Sarah Wall

2. West, North and East Cumbria LMS

Senior Responsible Officer:	Eleanor Hodgson - Director for Children and Families, North Cumbria CCG
LMS Midwifery Lead:	Christina Cuncarr - Associate Director of Midwifery, North Cumbria University Hospitals NHS Trust
Lay Representative:	Sandra Guise

3. Durham, Darlington and Tees (inc. Hambleton and Richmondshire and Whitby) LMS

Senior Responsible Officer:	Julie Lane - Director of Nursing, Patient Safety and Quality, North Tees and Hartlepool Foundation Trust
LMS Midwifery Lead:	Lynne Young - Maternity and Gynaecology Clinical Matron, South Tees Hospitals NHS FT
Lay Representative:	Abi Witherden



LMS Prevention Role

- Utilise existing resources
- MECC a core theme
- Public health 'routine work'
- Troubleshoot and navigate
- Visible & accessible
- Monitor progress and update stakeholders



7 'must do' priorities

Reduction in smoking in pregnancy

Increase vaccination uptake in pregnancy

Improve perinatal mental health

Reduction in alcohol consumption in pregnancy

Increase in breastfeeding initiation and at 6-8 weeks

Improved management of obesity and promote healthy weight in pregnancy

Increase in Making Every Contact Count

- **Reduction in smoking in pregnancy**

- Less than 10% smoking by 2020

- Less than 5% smoking by 2025

- **Increase in making every contact count**

- 80% staff trained by 2020

- 100% staff trained by 2025



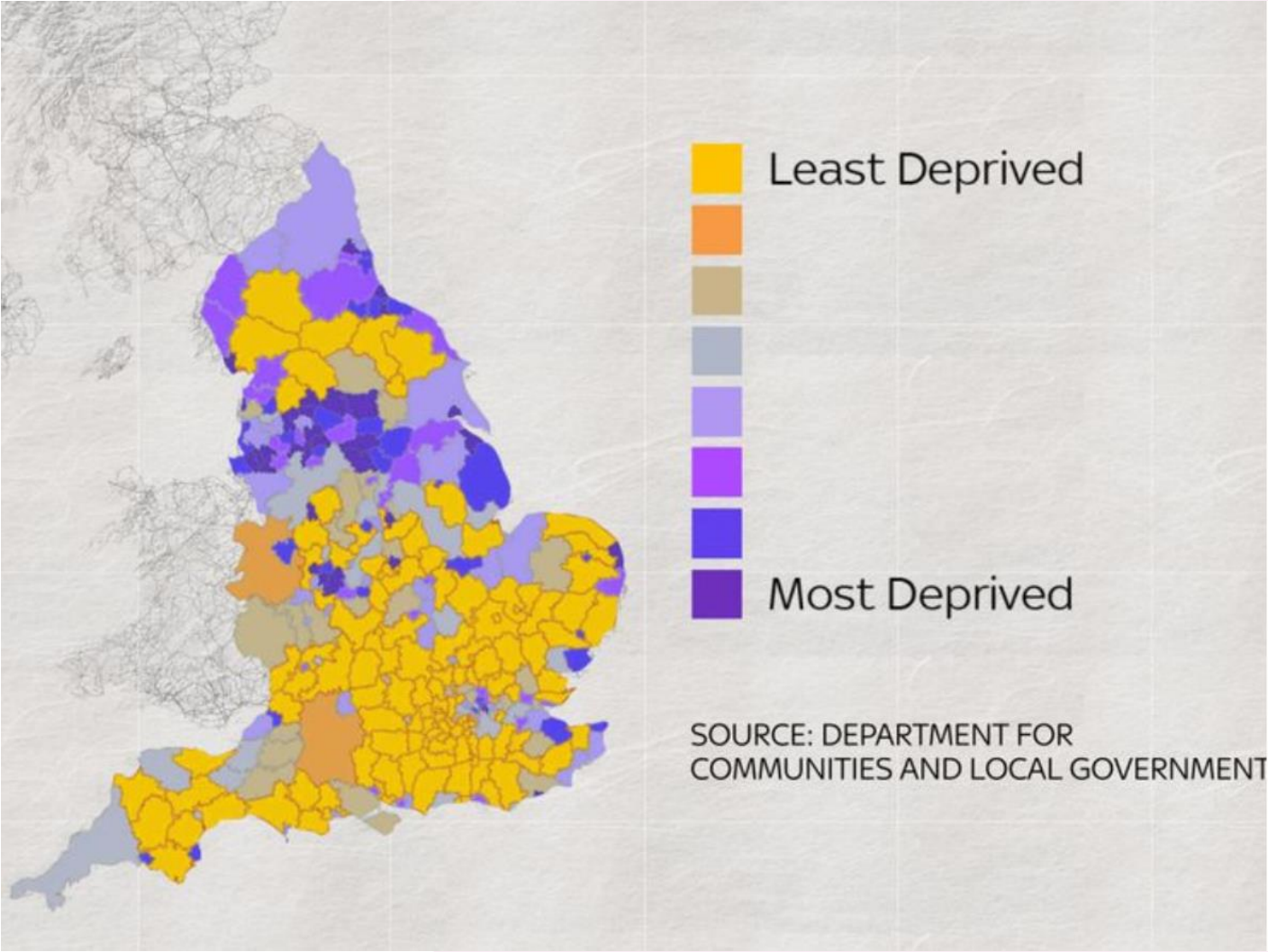
Smoking in Pregnancy Snapshot

- 14.9% of adults still smoke in England (16.2% in the North East), and smoking is responsible for 17% of all deaths in people aged 35+
- Cost of smoking to society in England is £14.2bn per annum. Direct costs to the NHS are estimated at £2.7bn and costs to social care at £1.4bn
- Smoking is main modifiable risk factor for a range of poor pregnancy outcomes
- Around 65,000 babies are born to mothers who smoke each year

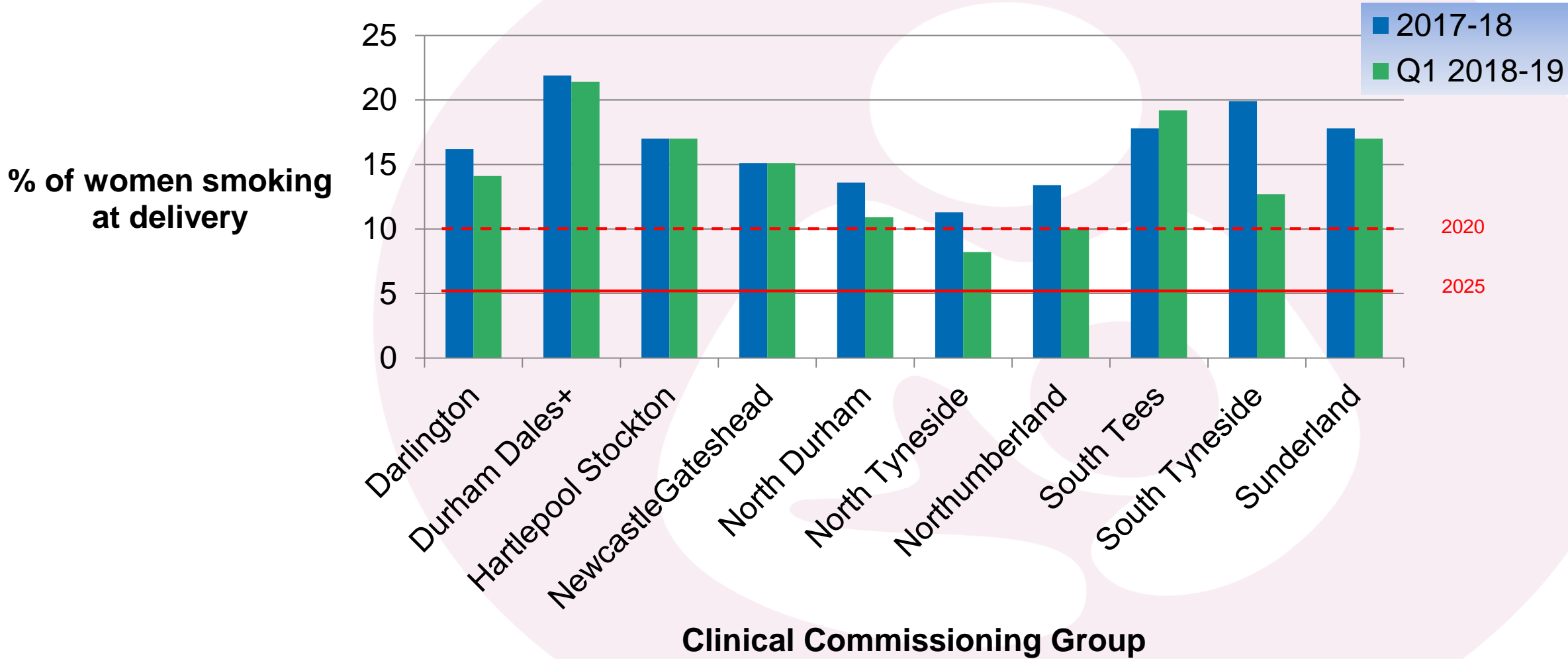
	Maternal smoking	Secondhand smoke exposure
Low birth weight	Average 250g lighter	Average 30-40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24%-32% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Heart defects	50% more likely	Increased risk
Sudden Infant Death	3 times more likely	45% more likely



Deprivation in the North East



Percentage of women smoking in the North East – current position



Regional SiP Maternity Audit

- City Hospitals Sunderland NHS Foundation Trust
- North Tees and Hartlepool Hospitals NHS Foundation
- County Durham and Darlington NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- Northumbria Healthcare NHS Foundation Trust
- Trust
- South Tees Hospitals NHS Foundation Trust
- South Tyneside NHS Foundation Trust



Key audit recommendations.

- Development of regional pathway in line with NICE and best practice
- Maternity ownership of SiP
- Robust, consistent and timely approaches to training and refreshment training
- Training to be inclusive of all staff and mandated
- Utilisation of supporting materials
- Accurate and appropriate data collection
- Robust governance processes for validation, analysis, reporting, display, communication and equipment.



- Linking SiP into maternity and trust clinical safety forums
- Promotion of the PHE agenda from a wider trust perspective inclusive of maternity
- Agreed partnership to collaborate of services
- Appropriate leadership and job roles to effect the public health agenda
- The public health agenda for maternity must be embedded into practice and NOT seen as an “add on”
- MECC



LMS Regional Prevention Work

- **Smoking in pregnancy event and table discussions**
- **Maternity focus group**
- **Regional Tobacco Dependency Commissioners**
- **Regional Directors strategy meeting**
- **Data collection**
- **Regional working group**
 - Consistent pathway and practices
 - RAG rating of current service provision



RAG Rating of Exposure to CO support in maternity services

RAG Rating of North East Maternity Units: Exposure of carbon monoxide in pregnancy – December 2018

Unit	Number of SSS Quit attempts	Risk perception	CO Monitoring	Opting out of service	Script	Ppm referral	Regular CO monitoring	CO in settings	Referral to SSS	Validated quit rate 17-18	Electronic documentation	Audit
Northumberland										28% (78% CO validated)		
North Tyneside				Drop in						22% (unknown)		
South Tyneside												
Gateshead										25% (unknown)		
Newcastle										34% (48% CO validated)		
Sunderland										30% (82% CO validated)		
County Durham												
Darlington										22% (unknown)		
Stockton										30% (18% CO validated)		
Hartlepool				Drop in						32% (15% CO validated)		
Middlesbrough		Not in Friarage			Not in pathway					25% (30% CO validated)		
Redcar & Cleveland		Not in Friarage			Not in pathway					33% (unknown)		

Initial CO Monitoring	Ask about smoking and CO	CO only	Co reading first and VBA/refer
Opting out of service	Opt in service	Opt out service	Refer electronically within 24 hours
Script	No script	Script off message	Evidence based script used
Ppm referral	No consistency on ppm		Referring on 4ppm
Regular CO monitoring	Not using CO monitoring regularly	Using CO monitoring at booking	<ul style="list-style-type: none"> - CO monitoring at booking, 36 weeks/delivery every woman - CO monitoring at every contact for smokers



Local LMS Prevention Work

- **Local area multi agency development groups**
 - Commissioning
 - Cross boundary working
- **Bespoke maternity public health plans**
 - Improve partnership working
 - Link policy to practice gaps
 - Regular service reviews
 - Governance
- **Training**
 - H&SC Funded places
 - Systematic approach to CO screening
 - Vaping
 - Opt out approach
 - Quicker, slicker specialist support
 - Mandated, refreshment training



- **Integrated Care System**
- **Improving data collection and reporting**
- **Regional working group (part of regional strategy)**
 - Pathway development
 - Best practice
- **Influencing Health Visiting Service Delivery**
- **National support**



Questions

