

## Smoking in pregnancy in North Yorkshire

### 1. Purpose of report

1.1 This report provides an update to the Board on progress made to reduce smoking during pregnancy in North Yorkshire.

### 2. Background

- 2.1 Young and Yorkshire 2 includes actions to promote positive health choices by parents, especially during pregnancy and to ensure good public health outcomes in maternity services. Reducing smoking during pregnancy is a key factor to giving every child the best start in life.
- 2.2 Smoking in pregnancy is of great concern due to the significant harm it causes. As well as human costs, there are also financial ones, felt by our partners in the NHS. Given the damage that tobacco smoke can have on an unborn child, it is critical that rates of smoking in pregnancy are reduced.



- 2.3 Reducing smoking in pregnancy is not always easy, as there are obstacles that face both women and the professionals who support them. Many women will quit as soon as they discover they are pregnant. For others, their understanding of the risks posed to their unborn baby may not be sufficient to motivate them to quit; or they may face significant barriers that prevent them from stopping. Midwives and other professionals working with pregnant women can also face significant hurdles: not all receive appropriate time, training and tools; IT systems, referral pathways and communication mechanisms can be insufficient.

### 3. What Works?

3.1 National Institute of Clinical Excellence (NICE) has produced national guidance on how to support women to stop smoking in pregnancy and guidance for maternity settings. In addition to this the Smoking in Pregnancy Challenge group have produced Smoking Cessation in Pregnancy: a call to action and Smoking Cessation in Pregnancy: a review of the challenge which builds on the NICE guidance and supports local areas to implement best practice in order to achieve the national ambition locally.

### 4. Latest Data

4.1 The Smoking Status at Time of Delivery (SATOD) collection covers information on the number of women smoking and not smoking at time of delivery. Clinical Commissioning Groups are mandated to submit figures each quarter. SATOD in England is currently 10.7%, SATOD in North Yorkshire is 12.9%, we are statistically worse than England. SATOD rates remain stubbornly high or static across the CCG localities with wide variation, see table below.

CCG locality	2013/14	2014/15	2015/16	2016/17
Hambleton, Richmondshire & Whitby CCG	12.3%	11.3%	14.1%	9.2%
Scarborough & Ryedale CCG	18.8%	21.1%	19%	18.7%
Harrogate and Rural District CCG	10.9%	8.1%	12.2%	13.3%
Airedale, Wharfedale and Craven CCG	12.9%	12.6%	12.5%	10.1%
Vale of York CCG	10.6%	10.8%	12.1%	11.0%
North Yorkshire	12.9%	12.6%	14%	12.9%
England	12.0%	11.4%	10.5%	10.7%

4.2 The new national ambition, as set out in the Tobacco Control Plan: towards a smokefree generation is to reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less by the end of 2022. For North Yorkshire this will be challenging to achieve, unless coordinated action across the system is fully realised.

### 5. North Yorkshire Tobacco Control Strategy and action plan

5.1 A partnership strategy, action plan and performance framework has been developed to coordinate action on tobacco control across the county focusing on five priorities:

1. Prevention for children and young people
2. Normalise a smokefree lifestyle
3. Reduce illegal tobacco in the community
4. Support smokers to quit (including pregnancy)
5. Carry out marketing and communication programmes.

Reducing health inequalities caused by smoking is a cross cutting theme.

5.2 A county wide Tobacco Control Steering Group meets quarterly and members update and review progress under the priorities. To be most effective in reducing overall smoking prevalence action is required across all priorities locally.

5.3 Priority four is led by The NYCC Public Health Team who commission Solutions4Health, a free Stop Smoking Service available to work with any smoker who would like support to quit. Pregnant women and their wider family network are a priority group.

5.4 Smoking in pregnancy requires system leadership across CCG's, Local Authorities, The Hospital Trusts and the Stop smoking Service provider, each has a role to play to ensure women and unborn babies get the best start in life.

5.5 Action is taken across eight areas in line with NICE guidance PH26:

1. Identifying pregnant women who smoke and referring them to Stop Smoking Services – action for midwives
2. Identifying pregnant women who smoke and referring them to Stop Smoking Services – action for others in the public, community and voluntary sectors
3. Stop Smoking Services – contacting referrals
4. Stop Smoking Services – initial and ongoing support
5. Use of NRT and other pharmacological support
6. Stop Smoking Services – meeting the needs of disadvantaged pregnant women who smoke
7. Partners and others in the household who smoke
8. Training to deliver interventions

## **6. Key achievements**

- 6.1 All midwives across North Yorkshire receive training from the Stop Smoking Service on smoking in pregnancy as part of the Statutory and Mandatory Training
- 6.2 All midwives have access to a CO monitor and have a CO policy in place
- 6.3 All midwives have a smoking in pregnancy pathway in place
- 6.4 The Stop Smoking Service contact all women who are referred within 48 hours and offered an appointment within 5 working days.
- 6.5 The Stop Smoking Service work with pregnant women and the wider family network in an environment most suitable, often home visits.
- 6.6 The Baby Clear approach has been adopted by Scarborough Hospital and The Friarage Hospital
- 6.7 A rapid review of smoking in pregnancy recently undertaken in Scarborough and Ryedale provides recommended actions across the system.

## **7. Challenges**

- 7.1 CO screening not fully embedded within practice
- 7.2 Multiple providers of stop smoking services within the area e.g. East Riding, York and Bradford.
- 7.3 High numbers of referrals do not attend a first appointment with the stop smoking service
- 7.4 Lower than average quit success rates
- 7.5 Data quality and access to data
- 7.6 No smokefree NHS Trusts

## **8. Recommendations**

- 8.1 Roll out Baby Clear approach and pathway across all Trusts to ensure high quality referrals are made into the local stop smoking service
- 8.2 Collect standard data set to check approach is working and fully embedded
- 8.3 Maintain and enhance smoking in pregnancy capacity within public health commissioned services
- 8.4 Consider further insight work with our target population to best support with services
- 8.5 Develop a smoking in pregnancy brand with clear, consistent messages
- 8.6 Training for all frontline workers who come into contact with pregnant women
- 8.7 Consider implementation of an incentives scheme

### **It is recommended that the Board:**

- i) Notes the current position and progress made on the coordinated and multi-agency approach to improve SATOD rates and the continued drive to reduce rates across North Yorkshire with particular focus on Scarborough where rates are significantly higher than the England average.

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