3.5 Smoke Free Pregnancy and Homes

Improvement Project Title: Smoke Free Pregnancy and Homes

Executive Sponsor: Rob Polkinghorne (ICS Board Chair)

Project Lead: Elaine McConnachie, Public Health Co-ordinator, emcconnachie@aberdeencity.gov.uk

- Reduce the numbers of babies exposed to 2nd hand smoke (at 6-8 week review) by 10% by 2022
- Reduce the number of pregnant mothers who smoke by 10% by 2022

Link to Local Outcome Improvement Plan:

Stretch Outcome 3:

3.95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016

Why is this important?

National Context

Tobacco use and exposure to second-hand smoke during pregnancy can lead to an increased risk of adverse effects including:

• miscarriage and placental abruption
• premature birth
• foetal growth restriction
• lower birth weight, which may contribute to coronary heart disease, type 2 diabetes and obesity in adulthood
• stillbirth (20–30% higher likelihood)
• sudden infant death syndrome (SIDS) (two-to-five fold increase).

Children who breathe secondhand smoke can have more:

- Ear infections
- Coughs and colds
- Respiratory problems, such as bronchitis and pneumonia
- Tooth decay
- Days off school
- Increased risk of asthma attacks
- Long term impact on lung development

Source: ASH Scotland information briefing on tobacco use in pregnancy (updated September 2012) and Adapted from Dangers of Secondhand Smoke (Copyright © 2010 American Academy of Pediatrics, Updated 12/2014)

Local Context

According to ScotPHO 13.7% of pregnant women smoke in Aberdeen (2016/17-2018/19) a decrease from 26% in 2003/04-2005/06 and while this is slightly below the Scottish

average (14.94%) there are still significant differences across the City. In the most deprived area of Aberdeen City 26% of pregnant women smoke while in the least deprived area it is 3% (Source: ScotPHO 20-16/17-2018/19).

These differences are also evident across localities with 14% of pregnant women smoking in Central, 13% in North and 10% in South (taken from Badgernet 2019 data and based on numbers of pregnant smokers at initial book in). At birth 11% of women in central locality were still smoking, while this was 9% in North and 7% in South (source: Badgernet 2019) showing little reduction from rates at the booking appointment.

At the initial midwife appointment women who are identified as smokers are offered a referral to smoking cessation services, within Central locality 51% of women accepted this referral while midwives referred 77% of pregnant smokers. In north 48% of women accepted a referral with 80% of pregnant smokers being referred by midwives. In south 59% of women accepted a referral with midwives referring 78% of pregnant women (source: Badgernet 2019).

Although there have been improvements in recent years inequalities still exist across the City, therefore we need to consider ideas that will support women to quit rather than be put under pressure to do so. Although significant numbers of pregnant women are being referred to smoking cessation and a proportion of women are accepting these referrals there needs to be more consideration of what this looks like in reality and how to remove some of the barriers that exist to people accessing support. The change ideas therefore focus on working with a small number of women and staff including third sector partners to increase awareness of referral pathways, decrease barriers to accessing support and increase number of prescriptions issued for nicotine replacement therapy.

Measures:

Outcome measures –

- Number of pregnant women who smoke – recorded at booking appointment with community midwife, available from Badgernet also available retrospectively from ScotPHO.
- Numbers of babies exposed to 2nd hand smoke – recorded by health visitor on CHSP form – available from child health records.

Process measures -

- Number of women offered nicotine replacement therapy
- Number of professionals prescribing nicotine replacement therapy
- Increased awareness among women and professionals of pathway for support

Change ideas

- Women offered nicotine replacement therapy while attending hospital either while giving birth or attending antenatal appointments (policy already in place – test implementation of policy).

- Apply for a Patient Group Directive (PGD) to allow midwives to prescribe nicotine replacement therapy and test in one team.

- Test the use of a poster to raise awareness and understanding of the referral pathway among; third sector partners, all healthcare staff coming into contact with pregnant women and pregnant women themselves and their families.

- Test use of HealthScotland's e-learning resource to raise the issue of smoking with one health visiting team initially.

- Test new national resource for smoke free homes with one health visiting team and support parents and extended family to access smoking cessation through adaptation of national resource (advertising local support).

- Test use of text message service with pregnant women offering access to support and linking with Ready, Steady, Baby resource.

- Test use of social media to raise awareness of the services among pregnant women

Potential risks and/or barriers to success & actions to address these

- Lack of engagement by front line staff because of conflicting priorities – support from management to allow staff to engage and recognition of value of improvement work
- Reluctance to press parents around smoking when other concerns exist, concern this may damage developing therapeutic relationship, requires support for staff and raise awareness of importance of smoking cessation for overall health improvement of infants and families.

Project Team:

Elaine McConnachie – Public Health Co-ordinator
Kevin Leslie - NHSG Health promotion
Yvonne Robb – Family Nurse
Anna Daley – Trainee Health Visitor
Cathy Beattie Homestart
Sheila Rattray – Community midwife
Emma McPherson - Family Learning (ACC)

Outline Project Plan - Set out your initial plan about the timeline for your project. **(This should be reviewed regularly)**		
Project Stage	**Actions**	**Timescale**
Getting Started (Project Score 1-3)	**What initial activities are required to get started?** • Forming the improvement team; • developing the project charter; • gathering and analysing baseline data; understanding the current system)	**When do you expect to complete this stage?** February 2020
Designing and Testing Changes (Project Score 4-7)	**What activities are required to start testing changes?** • Agreeing which changes to try first • Deciding if further training is needed to use agreed equipment/resources • Deciding on area/group of clients • Sharing change ideas and plans with colleagues	**When do you expect to complete this stage?** Sept 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	**What actions would be required to implement and sustain the changes that have resulted in improvement?** • Implications of implementing changes across other teams considered - resources/equipment/staff training needs (depends on change required) • Successful change ideas to be shared with colleagues – celebrate success! • Capacity to inform/train other teams to make changes	**When do you expect to complete this stage?** April 2021
Spreading Changes (Project Score 9-10)	**What actions are required to reach the full scale of the project?** • Identify which staff groups need to be involved to ensure change is implemented • Seek feedback for clients around successful interventions to share with staff teams • Explain reason for change- use data to evidence this – to staff required to make changes	**When do you expect to complete this stage?** July 2021

	• Provide support /training required to allow change to be implemented • Ongoing review of data to ensure improvement is maintained	