An Action Plan to Reduce Smoking in Pregnancy in Warwickshire (Revised Draft V7)

Introduction

Tackling tobacco is one of the most important things we can do to improve the health of people in Warwickshire as it is the number one preventable cause of premature death and disease within the County. This is even more important for women who smoke during pregnancy.

Currently at least 1 in six pregnant women are still smoking at the time of the birth of their child.

The Tobacco Control Plan for England (2011) sets out a national ambition to reduce smoking as recorded at the time of delivery to 11% or less by the end of 2015. If rates continue to fall at levels seen over the last six years, this ambition will not be achieved.

This 3-year action plan outlines the key actions required to tackle this issue and improve the health of future generations.

Background

Smoking in pregnancy

Smoking in pregnancy is known to have a number of adverse effects on the outcomes of pregnancy, including an overall increase in the risk of infant mortality by an estimated 40%. Specific risks include an increased risk of miscarriage, premature birth, stillbirth, placental abnormalities, low birth-weight and sudden unexpected death in infancy.

Smoking affects fertility in both men and women affecting every system involved in the reproductive process.

Smoking remains a major cause of new-born deaths, early births and babies born with low birth weight. Smoking is associated with approximately:

- 5-8% of premature births
- 13-19% of cases of low birth weight in babies carried to full term
- 5-7% of preterm-related deaths
- 23-34% of deaths caused by sudden infant death syndrome (cot death)[1]

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[1] Dietz PM et al. Infant morbidity and mortality attributable to prenatal smoking in the U.S. Am J Prev Med. 2010 Jul;39(1):45-52. doi: 10.1016/j.amepre.2010.03.009

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In the UK, smoking in pregnancy causes up to 5,000 miscarriages, 300 peri-natal deaths and around 2,200 premature births each year.[2]

Women who smoke take longer to conceive than women who do not smoke.[3]

Maternal smoking may have a negative impact on the fertility of both female and male off-spring and even affect a smoker's grandchildren.[4]

Maternal smoking is a major risk factor for low birth weight and babies who are small for their gestational age.[5]

In 2010, mothers under the age of 20 were nearly four times as likely to smoke before or during pregnancy, compared to mothers aged 35 or over (57% compared with 15%) and younger mothers, women in disadvantaged circumstances and those who have never worked tend to be more likely to smoke throughout their pregnancy[6]

More women quit smoking when they are pregnant than at any other time during their lives. Pregnant smokers are twice as likely to attempt to quit smoking as non-pregnant women, but only about half of pregnant women actually stop smoking during pregnancy.[7]

It is recognised as being difficult for some women to quit smoking, especially if not supported by their partner, and they may need pharmacotherapy support. Since nicotine is metabolised up to 60% faster by pregnant women, higher doses of NRT may be needed[8]. Many clinicians are unaware of this.

Further detailed information on the effects of smoking on reproduction can be found here http://ash.org.uk/files/documents/ASH_112.pdf

What we know about prevalence in Warwickshire

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[2] Royal College of Physicians, Tobacco Advisory Group. Ch 3. Effects of smoking on fetal and reproductive health. In: Passive smoking and children: A report by the Tobacco Advisory Group of the Royal College of Physicians. 2010 Mar

[3] Shiverick KT. Chapter 24 – Cigarette smoking and reproductive and developmental toxicity. In: Gupta RC, editor. Reproductive and Developmental Toxicology Burlington, MA: Elsevier; 2011. ISBN: 978-0-12-382032-7.

[4] Cooper AR and Moley, KH. Maternal tobacco use and its preimplantation effects on fertility: more reasons to stop smoking. Semin Reprod Med. 2008 Mar;26(2):204-12. doi: 10.1055/s-2008-1042959

[5] Vielwerth SE et al. The impact of maternal smoking on fetal and infant growth. Early Hum Dev. 2007 Aug;83(8):491-5.

[6] Health and Social Care Information Centre. Chapter 11. Dietary supplements, smoking and drinking during pregnancy. In: Infant Feeding Survey – UK, 2010 (NS). 2012 Nov 20.

[7] Murin S, Rafii R, Bilello K. Smoking and smoking cessation in pregnancy. Clin Chest Med. 2011Mar;32(1):75-91, viii. doi: 10.1016/j.ccm.2010.11.004

[8] Coleman T et al. Pharmacological interventions for promoting smoking cessation during pregnancy. Cochrane Database Syst Rev. 2012 Sep 12;9:CD010078. doi: 10.1002/14651858.CD010078.

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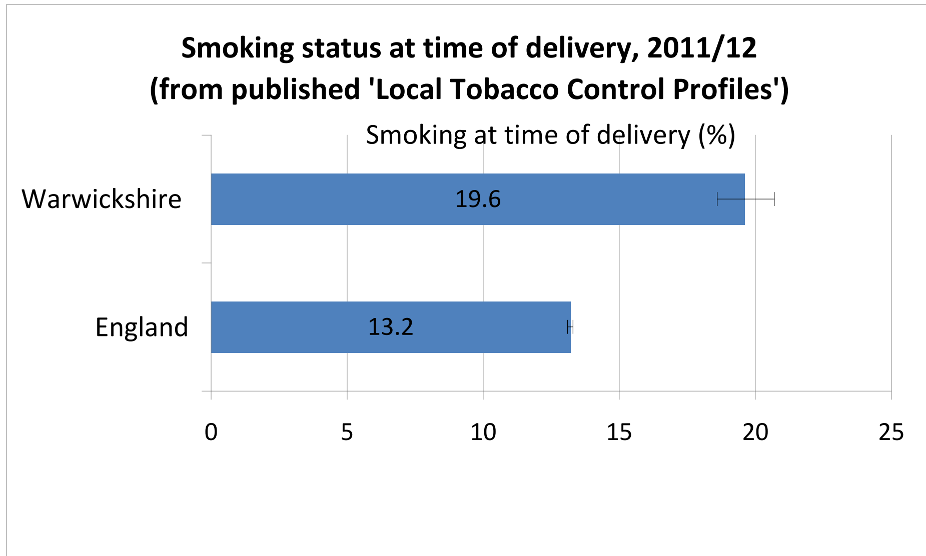
Information about smoking is routinely collected from pregnant women, although there are concerns about the validity and accuracy of the data that is collected because it is a difficult time to ask questions, sometimes people feel embarrassed about the fact that they smoke and do not tell the truth and sometimes records are not updated. These variables make it very difficult to obtain the true picture. Robust audit is needed to validate the data. Nevertheless, as data is collected and published, we need to take account of this. Information from the 'Local Tobacco Control Profiles' about smoking at time of delivery for Warwickshire is shown below. This suggests a considerably higher prevalence of smoking at time of delivery in Warwickshire than nationally.



Source of data: Public Health England. Local Tobacco Control Profiles for England. [Online] Available from: http://www.tobaccoprofiles.info/tobacco-control#gid/1000110/par/E12000005/ati/102/page/3 [Accessed 14 June 2013] .

Locally collated information over a longer period of time gives a different picture, and the considerable year-to-year variation seen may reflect differences in data collection rather than real difference in prevalence.

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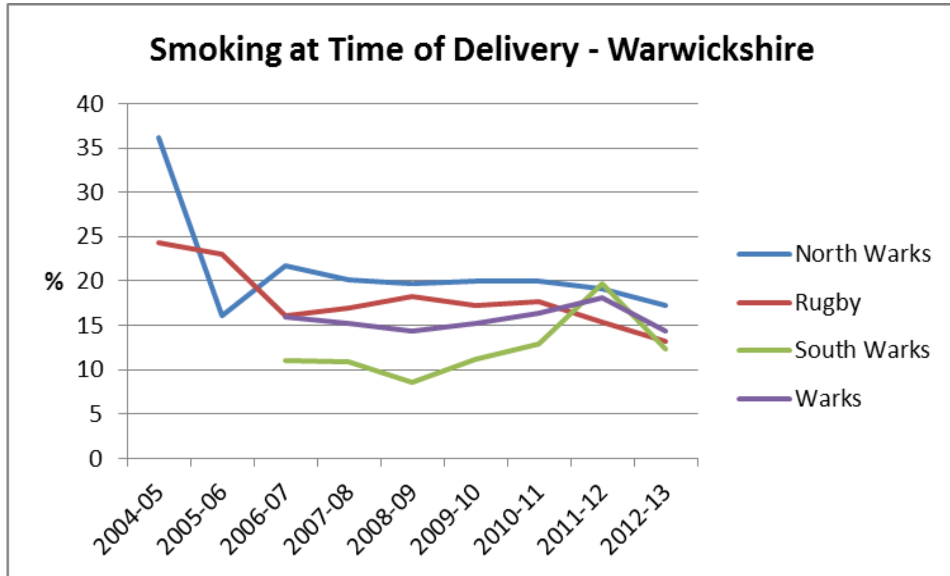

Source of data: Public Health Manager, Warwickshire Stop Smoking Service

The following table shows how variable the reported data can be even between quarters.

2012/13	NW	Rugby	SW	Warks overall
Q1	15.85	14.5	26.21	20.27
Q2	19.26	12.12	29.37	22.1
Q3	16.88	13.79	8.68	12.59
Q4	17.07	12.37	15.33	14.64
*Year**	*17.26*	*13.19*	*19.89*	*17.4*

(*Not statistically accurate but a good indication)

Smoking during pregnancy is strongly associated with age and socioeconomic position, and contributes to inequalities in health. People in deprived circumstances are more likely to take up smoking, to start younger, to smoke more heavily and to be less likely to quit smoking, each of which increases the risk of smoking-related disease.

Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy. It is therefore a shocking statistic that at least one in six babies born in Warwickshire is born to a mother who smokes.

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Women who smoke should be strongly encouraged by all health professionals, and given a high level of support, to give up smoking before planning a pregnancy, or as early in the pregnancy as possible. Support should also be offered to close family members/members of the household. Given that there are also adverse effects for babies and children exposed to secondhand smoke, attention also needs to be given to ensuring that women who have succeeded in given up smoking during pregnancy are supported not to take it up again after delivery.

There are many immediate benefits of women giving up smoking in pregnancy and in the longer term we are looking towards a smokefree generation.

Warwickshire (Specialist) Stop Smoking in Pregnancy Service

Specialist Advisors to support women (and close family members) to stop smoking in pregnancy are located throughout the county.

Midwives refer pregnant smokers to this service when booking their pregnancy appointment.

They are then phoned by a Stop Smoking in Pregnancy (SSIP) Advisor to discuss the options for stopping smoking.

They can choose from stop smoking services at doctors' surgeries, pharmacies or other venues. Alternatively the Stop Smoking Pregnancy Advisor can visit them at home.

All stop smoking services provide regular support appointments over the first few months of stopping (up to and including post natal visit) and free nicotine replacement products such as patches or gum.

Smokers are up to four times more likely to stop smoking with Warwickshire NHS Stop Smoking Service than by making unsupported attempts.

Information can be obtained from and referrals can be made to the Warwickshire NHS Stop Smoking Service by phoning 0800 085 2917. Pregnant smokers can also phone the national NHS Pregnancy Helpline free on 0800 169 9 169. Lines are open from 12.00-9.00 every day offering confidential counselling for pregnant smokers who want to stop. A flexible call back service is also available.

Performance

Carbon Monoxide (CO) Testing

From April 2012 to March 2013 only 47% of all women who were referred to the stop smoking in pregnancy service were CO tested at booking by their midwife. Whilst this has increased from 31% last year there will be a concerted effort to get to as near to 100% as possible.

An audit carried out by public health staff earlier in the year, which used cotinine testing to determine smoking status at delivery, revealed some interesting data but numbers of tests undertaken were not sufficient to provide statistically reliable prevalence. Consideration is being given to a repeat audit. Information from other audits show that under-reporting of up to 20% is likely.

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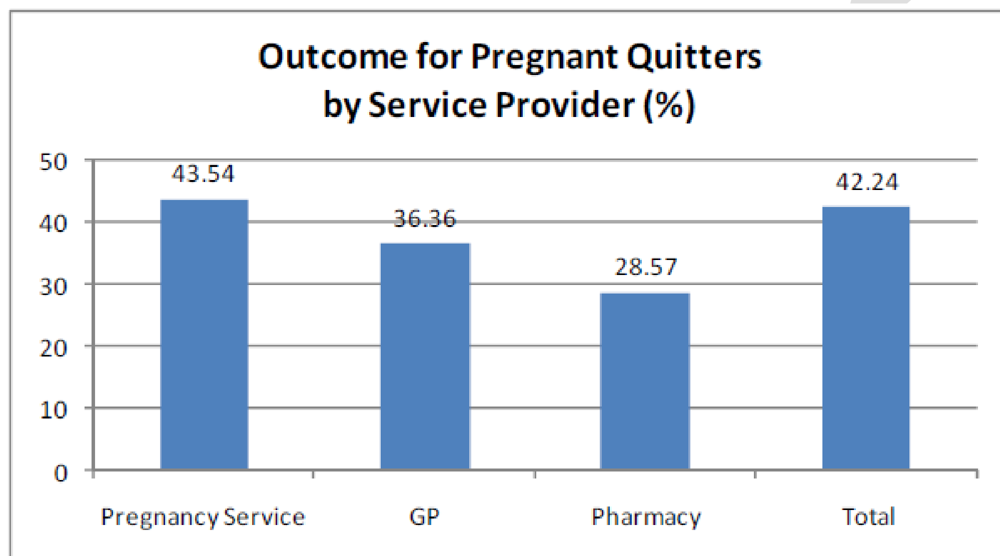
Performance Data

A breakdown of 2012/13 service performance is shown below. Out of 966 pregnant women referred to the service 322 received treatment leading to 136 successfully quit at 4 weeks.

	Total	Pregnancy Service	GP	Pharmacy
4-week quit	136	118	16	2
Not quit	117	104	11	2
Lost to follow-up	69	50	16	3
TOTAL	322	271	44	7

The majority (84%) of smoking pregnant women who entered treatment were seen by the specialist service. The specialist service also had the best quit rate (compared to other providers) In addition, helping partners and other family members to quit at the same time as the pregnant woman increases the chances of her success.



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In last 18 months efforts to increase CO testing at booking have been made. This has seen a rise in the numbers of pregnant smokers being referred who have been CO tested but the level is still far short of the 100% aspirational target. Initiatives have included

- Delivery of training to Community Midwives by the SSIP service
- Provision of resources, (e.g. new A4 Tear off CO sheet)
- Regular communication between local SSIP advisors & community midwives
- Meetings with Midwifery leads to highlight CO testing
- Sharing information regularly with Midwifery leads

Midwifery bookings and CO testing for Warwick Community Midwives from April 2013 are shown below.

Month	**Booking Numbers**	**CO Testing**	**Declined testing**	**No. of Refs**	**% Refs CO Tested**
April	303	155 - 51%	17 - 5.6%	21 - 6.9%	8 - 38%
May	213	135 – 63%	17 - 8%	8 - 3.75%	5 – 62%
June	199	138 – 69%	24 - 12%	20 - 10%	12 - 60%
July	191	115 – 60%	25 – 13%	15 - 7.8%	12 – 80%
August	217	124 – 57%	28 - 13%	10 - 4.6%	6 – 60%
September	198	130 - 66%	17 - 8.6%	15 - 7.6%	12 – 80%
Totals	1321	797 – 60.3%	128 – 9.68%	89 – 6.7%	55 – 61.8%

Based on CO testing smoking prevalence would be just 6.7%. 524 women were not tested. 396 not known and 128 asked but declined. The assumption must be that smoking women might decline a test. Further investigations are underway but this underlines the importance of aspiring to achieve 100% CO monitoring and having a protocol for dealing with those who choose not to take the test.

Guidance

NICE's published formal guidance on how to stop smoking in pregnancy and following childbirth in June 2010 and it is in the process of producing guidance on smoking cessation in maternity care settings. When writing the recommendations, the Public Health Interventions Advisory Committee (PHIAC)

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considered the evidence of effectiveness (including cost effectiveness), commissioned reports, expert testimony, fieldwork data and comments from stakeholders and experts. Full details are available from http://guidance.nice.org.uk/PH26

The evidence statements underpinning the recommendations are listed in appendix C.

The evidence reviews, supporting evidence statements and economic modelling report are also available online.

The guidance is for NHS and other commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, helping women to stop smoking when pregnant and following childbirth. This includes those working in: local authorities, education and the wider public, private, voluntary and community sectors.

NICE says all pregnant women who smoke – and all those who are planning a pregnancy or who have an infant aged under 12 months – should be referred for help to quit smoking.

This action plan below has also been influenced by the 'Smoking Cessation in Pregnancy -A Call to Action' report published in June 2013. http://www.ash.org.uk/files/documents/ASH_893.pdf which reviewed NICE's existing recommendations and considered how these could be implemented more effectively.

Recognising the difficulties and importance of tackling this issue the implementation plan has taken into account the need to provide a supportive environment and clear mandate to professionals who work in this field and to the organisations they represent. The aim is to ensure that every opportunity is taken for influencing/affecting change in terms of reducing smoking in pregnancy and the roles that each appropriate service/organisation has to do this.

It is recognised that, although pivotal to success, the Stop Smoking in Pregnancy Service is only a part of the picture and that midwifery services really form the hub of the work that is in place and/or needs to develop. It is also acknowledged that there are many other programmes that could influence the success of the drive to reduce smoking in pregnancy and in turn this action plan could have positive impacts on other programmes. Therefore, the accountability for delivery does not sit solely with the Stop Smoking Service nor with any other group or agency but is a collective responsibility of those working to improve the health and wellbeing of Warwickshire residents.

In order to ensure the following draft action plan is implemented a high-level multi-agency steering group should be convened.

In addition to carrying out the recommendations listed attention should be paid to possible joint working at a sub-regional/regional basis.

Other Context

Health Minister Dr Dan Poulter has also stated (August 2013) that consideration is being given to a national CO monitoring scheme http://bit.ly/14MEaPy. This would lead to CO monitoring being a mandatory requirement instead of 'guidance'. Warwickshire would support this.

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There is some evidence[9] that general measures such as smoke free law will have some impact on preterm births. But this is not sufficient to achieve the step change in improvement desired.

In Warwickshire Births have increased by 8% over the six year period 2007-2012 (5.3% from 2008-12).

Royal College of Obstetricians and Gynaecologists state that interventions to promote smoking cessation may prevent SGA (small for gestational age) – the health benefits of smoking cessation indicate that these interventions should be offered to all pregnant women who smoke.[10]

What we want to achieve.

The Warwickshire Joint Health and Wellbeing Strategy 2012-15[11] commits to ensuring that every pregnant woman is assessed for smoking ….and helped to adopt a healthy lifestyle.

In addition to this we want to see substantial reductions in the numbers of women who smoke during pregnancy in Warwickshire leading to reduced negative health effects and an increase in the provision of smokefree homes for Warwickshire children.

By the end of March 2014 the action plan below to be ratified by the Health and Wellbeing Board and detailed responses and agreements received from those charged with specific actions. There will be a substantial increase in the awareness of smoking in pregnancy as a priority in all sectors of Warwickshire.

During the early stages of this strategy we aim to improve the process for the identification of pregnant women who smoke and in particular to offer every pregnant woman carbon monoxide monitoring at booking (with addition checks throughout pregnancy);

100% of identified smokers will be referred to the specialist stop smoking in pregnancy service and the most appropriate follow up action taken.

In addition, a consistent and appropriate training programme for professionals who have contact with pregnant women will be developed and introduced where most impact can be made.

By 2014/5, a solid data collection system would be in place providing accurate information to clinicians and population data to Public Health Warwickshire so that further progress may be monitored more accurately.

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[9] Impact of a stepwise introduction of smoke-free legislation on the rate of preterm births: analysis of routinely collected birth data. Cox et al *BMJ* 2013;346:f441 doi: 10.1136/bmj.f441(14/2/13)

[10] The Investigation and Management of the Small–for–Gestational–Age Fetus, Green–top Guideline No. 31 2nd Edition February 2013. Royal College of Obstetricians and Gynaecologists

[11] http://www.warwickshire.gov.uk/Web/corporate/wccweb.nsf/Links/CC4F93D94959161080257A1600590B25/$file/WarwickshireJointHealthAndWellbeingStrategy-PublicConsultation.pdf (p21)

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Regular monitoring of the action plan will be undertaken and reported to the Health and Wellbeing Board to ensure momentum is not lost. A detailed refresh of the plan will be undertaken after no more than two years.

Proposed Warwickshire Smoking in Pregnancy Action Plan 2013

NOTE: 'Recommendations' are those made in 'Smoking Cessation in Pregnancy - A Call to Action'

Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
Data Collection	1 Data on smoking status, collected at booking visit and throughout pregnancy, is recorded accurately *for 100% of pregnant women* and *95%* validated using CO screening.	Clinical commissioning groups (CCGs) will include this requirement in service specifications and sanctions imposed if not achieved (Looking for all to be CO tested first, then the result checked verbally)	CCGs working with Public Health/WSSS	April 2014	More accurate monitoring of smoking in pregnancy.
	2 NHS England should consider whether continuing to collect Smoking at time of delivery (SATOD) data is the best way of measuring smoking in pregnancy. (Alternatives suggested)	CCGs through commissioning intentions and the contract process should aim for the collection of as near to 100% accurate a measure of smoking prevalence at delivery and all practicable stages of pregnancy as possible (Recognising the limitations of SATOD)	CCGs working with Midwifery	TBC	More accurate monitoring of smoking in pregnancy. Increase in women referred for smoking cessation,

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Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
Data Collection (Continued)		and to use alternative measures (such as audit overseen by Public Health Warwickshire - PHW) as a means of validating prevalence. Consideration be given to the 'Blackpool' method of data collection at 36 weeks.	Smoking in Pregnancy Steering Group/WSSS	March 2014	Alternative method of determining levels of smoking in pregnancy.
	3 NHS England should work with Public Health England and the Health and Social Care Information Centre to produce a briefing document, outlining best practice for collecting the new maternity and children's data set.	Warwickshire Health Economy to adopt best practice and to inform the consultation on the CHIMAT data.	All relevant organisations	TBC	Consistent measuring and benchmarking possible
	4 Once data collection is of a consistent and high standard trusts with high or unchanging rates of smoking in pregnancy to be targeted for additional support.	Quarterly data to be shared with the Heads of Midwifery and actions to be agreed to address smoking in pregnancy. Other actions will depend on results of	PHW	March 2015	Targeted action and resources to achieve improvement

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		data collection.			
	5 Clinical/medical directors/*Heads of Midwifery* should ensure that systems are in place to facilitate the collection and recording of CO readings during antenatal appointments.	Review of processes to be undertaken and amendments to systems where necessary to make recording easier to do and harder to avoid. Quarterly monitoring to take place including feedback to Heads of Midwifery. Consideration be given to sanctions where non-compliance known and not addressed by organisations or individuals.	Trusts supported by CCGs/PHW/WSSS	March 2014	Accurate assessment of smoking status
	The Health and Social Care Information Centre should provide aggregated SATOD data at NHS trust level, to enable trusts to benchmark themselves against one another.	Benchmarking to be carried out when data comparable. Consider using 'Blackpool' method of data collection	PHW	TBC	Benchmarking using accurate data
Implementing NICE Guidance **a) Audit and implementation of**	1. NHS England, in partnership with NICE, should commission an audit to investigate the extent to which the NICE	Local audit of implementation of NICE Guidance to inform further commissioning of smoking in pregnancy	PHW/WSSS	March 2015	Compliance with NICE guidance and better outcomes for

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Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
guidelines	guidance has been implemented locally and support areas found not to have acted on the recommendations.	and maternity services in conjunction with CCGs			pregnant women
	2. Government organisations (including the department of health, NHS England and Public Health England), relevant royal colleges and baby and parenting charities should coordinate a programme of work to promote and endorse the NICE guidance.	Local promotion of the content and purpose of NICE guidance through clinical groups and Specialist Smoking in Pregnancy Service outreach	CCGs/Midwifery Trusts/ PHW/WSSS	March 2015	Compliance with NICE guidance and better outcomes for pregnant women
	3 There should be commitment from senior staff at a local level to ensure that the NICE guidance is fully implemented	Clear plan in place for review and the adoption and roll out of NICE guidance with all relevant partners (midwives, relevant doctors, nurses, administration staff, pharmacists and those working in the voluntary/community sector) to be encouraged to be engaged with the	Director of Public Health, heads of midwifery, clinical/medical directors and Trust Chief Executives	September 2014	Compliance with NICE guidance and better outcomes for pregnant women

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Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
		guidance. Appropriate clauses should be included in relevant Warwickshire Contracts and appropriate sanctions taken where non-compliance noted.			
b) Identifying and Referring Smokers	4. CCGs and local authorities should work in partnership to ensure that there is an effective and robust referral pathway for pregnant smokers.	Review existing pathways and amend where necessary. Appropriate clauses should be included in relevant Warwickshire Contracts (including Health Visitors ; Family Nurse Partnership etc)	PHW/CCGs/WSSS/Trusts/NHS C LAT	March 2015	Strengthening of contracts to ensure Smoking in pregnancy is treated as priority.
	5 Providers should ensure that CO monitors are provided for all midwives and that clear procedures are in place for training of staff and for the regular calibration of the CO	Monitors are already provided but use to be reviewed and mandated. Appropriate clauses should be included in relevant Warwickshire Contracts. through	WSSS/ Trust clinical/medical directors and heads of midwifery)/CCGs	March 2015	Strengthening of contracts to ensure Smoking in pregnancy is treated as priority.

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Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
	monitors.	working with CCGs			
	6 Requirement in service specifications that midwives discuss smoking status at booking with all women and that all women are *offered* screening for CO. Midwives should give very brief advice on cessation to identified smokers and promptly refer a minimum of 90% of those with a CO score of, say, 4 or higher (depending on make of CO machine) to local stop smoking services. CO screening should be done in the first booking visit and throughout a woman's pregnancy. Providers should ensure that midwives are given the time, training and tools to do this; and should develop procedures to performance manage the process.	Requirements are already in service specifications but need supporting. There is an aspiration for 100% CO monitoring and recording of smoking status but targets would need to be set appropriately to avoid 'gaming' or unintended consequences. A protocol need to be developed for how to deal with clients who decline the test and those who have high CO readings but claim to not smoke. MECC Training to extend to Smoking in Pregnancy	PHW/CCGs WSSS/PHW PHW (MECC lead) Maternity Service Managers	March 2014 March 2014 September 2014 March 2014	Improved monitoring of CO at all stages of pregnancy. Protocol developed and agreed Smoking in Pregnancy included in MECC where appropriate. Improved referral rates

Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
		Warwickshire has an 'opt out' service but this needs higher % of referrals following higher percentage of CO testing. All women who say they smoke and all those identified as smoking by the CO reading should be referred. Provision for training (including myth-busting sessions) and development of mandatory training programme Review clauses included in Warwickshire Contracts to consider possible action where smoking status of pregnant women not being determined by clinical staff.	WSSS/ Trust clinical/medical directors and heads of midwifery) PHW	September 2014 March 2015	Training programme developed and being implemented for key staff Robust monitoring of actions

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Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
		(See also 'training' – below)			
	7. Health and Wellbeing Boards should ensure that all those responsible for providing health and support services *(including commissioned services)* for pregnant women and young families are sufficiently equipped to enable them to identify smokers, raise awareness of the benefits of stopping, and offer referrals to local stop smoking services. They should also be supported to raise awareness of the dangers of secondhand smoke, identify partners and household members who smoke and advise that they receive support to quit from a local stop smoking service.	Warwickshire H&WBB to endorse Action Plan and encourage action from wider community including but not exclusively • Pharmacists • Baby food/clothing retailers • Children's Centres • WCC/Districts and Boroughs through Priority Families; Housing and benefits work • Relevant charities (e.g. 'Tommy's'*) • Schools and	PHW plus action from commercial and third sector organisations	November 2013	High level commitment to achieving aims of strategy

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		PSHE • Social Care and other public health practitioners e.g. HVs/ FNP • GPs *Note: In November 2012 a session was held for Tommy's staff across Warwickshire covering brief interventions on smoking issues, including general smoking cessation interventions, smoking in pregnancy interventions and Smokefree homes.			
c) Local Stop Smoking Services	8. Local authority commissioners and stop smoking services should ensure that there is sufficient expertise available to meet the needs of all pregnant smokers and ensure that there is a requirement of the commissioned service	The WSSS has specialist advisors but if additional demand is generated the capacity of the service should be kept under review. This can be partly controlled by referral into general adult services where	PHW	December 2013	Identification of ways to improve capacity with limited resources

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	to involve customers. The local authority commissioners should demonstrate the involvement of women in the development and review of services, and review whether their needs have been met to inform the JSNA and further commissioning of the service	appropriate. The service will be reviewed as part of the strategic commissioning review process across public health Customer involvement surveys to be undertaken. (Possible development of reference panels) Oversight should be via H&WBB/JSNA	WSSS/PHW PHW/WSSS	March 2015 September 2014	Service fit for purpose and best value. Learning from customer experiences
	9. Local authority commissioners should include a requirement in service specifications that all women are phoned by the local stop smoking service within one working day (24 hours) of receiving a referral and seen within one week.	Referral pathway to be reviewed and implemented to comply with recommendation. (NOTE: Due to current working practices; team locations and limitations of technology Warwickshire is not able to comply with 24hr rule at this point but text	PHW/WSSS	September 2014	Improved response times to referrals

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		options being tested in Rugby and are working well (Nov 13). Training for midwives has more emphasis on midwives phoning through referrals to the 0800 number so these can be picked up quickly.			
	10. Local stop smoking services should offer intensive support programmes for pregnant smokers up to the point of delivery and up to two months post-partum (or longer if appropriate to prevent relapse).	Specialist provision is resourced for quitting smoking but not post-partum. A response to this recommendation within limited resources to be developed including the consideration of health visiting/ FNP continuing smoking cessation support after delivery. (NOTE: FNP already engaged and positive)	PHW/WSSS	September 2014	Improved health outcomes post-delivery (including smoke free homes)
c) Local stop smoking services (Cont)	11. Local authorities and the NHS should follow the NICE smoking in pregnancy guidance on NRT provision.	Service specification encourages use of NRT in quitting but the evidence for this treatment needs to be publicised with relevant	WSSS/CCGs	March 2014 (and ongoing)	Evidence based (and safe) practice

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Theme	Recommendations (abridged) and where appropriate amended *in italics*	Local Action in Warwickshire	Who	Action by (timescales)	Outcomes
		health professionals especially GPs/ midwives through training.			
Training	1. There should be implementation of the NICE guidance: all midwives, and other health professionals working with women who smoke while pregnant, should have training on smoking cessation that is appropriate to their role.	Training is offered by WSSS but others have role in ensuring release of staff to attend and mandating of training as part of core offer. Appropriate clauses should be included in Warwickshire Contracts where appropriate.	Maternity Service Managers, PHW and relevant professional bodies and organisations; CCGs.	March 2015	Robust system for training key staff.
Training (continued)	2. The Nursing and Midwifery Council should specify that mandatory education on smoking in pregnancy and brief intervention training for all midwives be provided as part of their pre-registration training and continued professional development.	Support for this recommendation to be encouraged from all Warwickshire partners. Note: There is the on-line 'Very Brief Advice (VBA) & VBA on Secondhand Smoke and NCSCT Briefing for midwives/other health professionals. Warwickshire could work towards minimum	PHW; WSSS; Maternity Service Managers and relevant professional bodies and organisations. ?H&WBB WSSS	TBC	Professional recognition of importance of smoking in pregnancy

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		mandatory VBA training on-line plus face to face training for midwives and other key staff.			
	3. To ensure that midwives are competent in discussing smoking with women and delivering CO screening.	As part of MECC and specialist smoking cessation training all midwives and maternity support workers undertake regular training and are adequately resourced to equip themselves to raise the issue of smoking with women.	PHW; WSSS; Maternity Service Managers and relevant professional bodies and organisations.	March 2015	Training packages available for all staff to improve practice and knowledge
	4. Health Education England should ensure that all practitioners who assist pregnant women to stop smoking are provided with appropriate evidence-based training resources that allow them to address the core competencies required in providing effective smoking cessation advice.	Training supported through commissioning routes with additional support from Warwickshire Public Health working with Health Education England	PHW; WSSS; Maternity Service Managers and relevant professional bodies and organisations. PHE	March 2015	Training packages available for all staff to improve practice and knowledge
	5. Local commissioners should ensure that all	CCG/PHW to develop targets for local training.	CCGs/PHW/WSSS	March 2015	Validated training

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	practitioners who assist pregnant women to stop smoking are sufficiently trained, achieving full NCSCT certification and completing the NCSCT specialty pregnancy online module, or training to an equivalent standard. There should also be mandatory targets for the numbers of staff trained to this level.	Appropriate clauses should be included in Warwickshire Contracts. Discussions will need to be initiated regarding the validation of training under the new system (i.e. post-consortia).	PHW/PH Coventry		packages available for all staff to improve practice and knowledge
	6. Brief intervention training should be undertaken by doctors, nurses, health visitors, administration staff, sonographers and other medical practitioners who work with pregnant women. medical royal colleges, Health Education England, the National Centre for Smoking Cessation and Training*, service managers and voluntary organisations – among others – have a role to play in promoting the uptake of this training.	Once training regime agreed, multi-agency/professional promotion of provision to take place. Particular regard to be taken wrt NRT use in pregnancy Discussions will need to be initiated regarding the validation of training under the new system (i.e. post-consortia).	CCGs/PHW/ WSSS PHW/PH Coventry	March 2015	Importance of smoking in pregnancy training promoted to all relevant staff

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	7. Service managers should ensure that there are good role models available to support colleagues through support and supervision. Less experienced staff can learn through mentoring, gaining experience in how to talk to women and interpreting different CO readings	Identification of Smoking in Pregnancy Champions.	WSSS	September 2015	Identified 'champions' in all key agencies promoting smoking in pregnancy as a priority
Communication between health professionals	1. Public Health England should identify a senior officer to champion efforts to reduce smoking in pregnancy, working across sectors to ensure that every opportunity to tackle smoking in pregnancy is taken.	Warwickshire response TBC but in general this would be supported.		TBC	
	2. Health and Wellbeing Boards should prioritise reducing the prevalence of smoking during pregnancy, ensuring that *(through the commissioning process)* there are clear and	Smoking in Pregnancy to be acknowledged as priority. Report scheduled for November 2013	PHW	November 2013	Smoking in Pregnancy acknowledged as a priority by all agencies.

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	streamlined pathways in place to identify and support pregnant smokers, and that services meet the needs of the local population.				
	3. Public Health England should work with Royal Colleges and other professional organisations to ensure that there are national mechanisms in place to enable professionals to offer one another support and share good practice in reducing smoking in pregnancy	Warwickshire response TBC		TBC	
	4. Stop smoking services should develop close working links and cross referral pathways with third sector organisations at community level who provide on-going support and advice to young families and young women.	Increase involvement of Children's Centres and other relevant organisations including (but not exclusively) Pharmacists; charities and others who work with pregnant women and/or women of child bearing age.	WSSS + Relevant third sector organisations.	September 2013	Third sector agencies engaged in delivery of smoking in pregnancy plan
	5. The Smokefree Action Coalition (SFAC) should	Warwickshire response TBC. Note:	PHW	March 2014	Smoking in Pregnancy

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	consider how it can encourage action to reduce smoking in pregnancy	Warwickshire is a member of the SFAC			incorporated in wider tobacco control plans
	6. The CLeaR partnership should review items in the CLeaR model to ensure that smoking in pregnancy is considered comprehensively across local government services and policy.	Warwickshire is a member of the CLeaR partnership and Smoking in Pregnancy will be a key p[art of the impending CLeaR Assessment (As part of the re-launch of the local smoke free alliance)	PHW	March 2014	Smoking in Pregnancy incorporated in wider tobacco control plans
	7. Offices of Tobacco Control (OTC), where they exist, should continue to support their region to reduce smoking in pregnancy levels by developing protocols, encouraging partnership working and sharing good practice.	Warwickshire response TBC. There is no Office of Tobacco Control in the West Midlands but this can be mitigated for by utilising connections with OTC in other regions and the Tobacco Control Collaborating Centre.	PHW	TBC	Shared resources with other areas.

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	8. The National Screening Committee should consider CO screening as part of its antenatal screening programme.	Warwickshire response TBC but as a minimum to advocate for screening to be adopted as part of programme.	PHW	TBC	Screening part of antenatal programme
		Additional 'communication with health professionals' strategy to be developed to ensure that consistent messages are being given to relevant staff such as – NRT use in pregnancy; importance of accurate recording of smoking status (current position not acceptable) it is to be expected that midwives will identify teratogenic and harmful substance abuse, as part of assessment and prenatal reviews. A 'zero tolerance' attitude is being adopted about this issue, from raising and asking the question, to CO monitor use, to data	PHW/Commissioners/WSSS in conjunction with WCC and other Communications Leads	March 2014	Communications plan for professionals developed.

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		collection and collation.			
Communication with the Public	1. Member organisations of the Challenge Group, in partnership with the Department of Health and Public Health England, should agree a consistent set of messages to inform professional bodies, parents, training providers, and other members of the voluntary sector on the key issues in smoking in pregnancy. Baby and parenting charities should take a lead on producing and disseminating these messages	Messages disseminated by Warwickshire Organisations should match those generated nationally. Links to be made with locally relevant Baby and Parent Charities. Specific use of WCC and other partner resources (such as links with Community Organisations to be explored).	ALL PHW/WSSS WCC Localities	Ongoing September 2014 September 2014	Consistent messages delivered Involvement of third sector in development of plans Improved use of community resources
	2. The importance of CO screening should be communicated both to pregnant women and	Utilise national resources to enhance those already in use.	WSSS	Ongoing	Consistent and cost-effective use of national

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	professionals, particularly midwives, through the development of two new resources outlining the dangers of CO.				campaigns
	3. Public Health England should build and expand upon the Start4Life brand, ensuring that all pregnant women are aware of the risks of smoking in pregnancy, the benefits of quitting, the support available to help them quit, and the importance of CO screening.	Local Promotion of Start4Life	PHW/WSSS	Ongoing	Consistent and cost-effective use of national campaigns
	4. Comprehensive, multi-agency, communications strategy to highlight the importance.	Warwickshire will support national campaigns. In addition specific local campaign will be commissioned (e.g. Pharmacy campaign planned for February 2014 with Healthy Living Pharmacies)	ALL esp. WCC comms. PHW, WSSS, WCC comms	Ongoing	Consistent and cost-effective use of national campaigns

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	5. Digital interventions should be part of the development of future communication strategies for women who smoke during pregnancy to ensure the most effective (and cost-effective) interventions are in place across England.	Warwickshire will support national campaigns and utilise digital networks within county. All partners will be encouraged to carry messages and signpost from their respective websites/intranets.	ALL esp. WCC comms.	Ongoing	Consistent and cost-effective use of national campaigns and use of local resources (especially digital media) to enhance message delivery
	6. Where there is strong evidence to support an effective intervention, this should be commissioned and implemented. This is the responsibility of Clinical Commissioning groups, Local Authorities and local stop smoking services.	Integrated evidence-based commissioning will take place.	CCGs/PHW	March 2015	Evidence based practice commissioned
	7. Where it is known that a woman is trying to conceive, health professionals and others who have contact with her should identify the woman's smoking status, offer very brief advice if	Referral pathways and MECC campaign to be specifically used to promote early quit attempts in women (and their partners) trying to conceive. Should also be considered in workplace	WSSS/PHW/ LPC/ Health Living pharmacies	March 2014	Referral pathways developed and used leading to increased numbers of referrals.

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	she smokes, and refer her to stop smoking services.	(maternity care)			
Additional Actions		Smoking in Pregnancy to be a priority theme for the revitalised Smoke Free Warwickshire (SFW) Alliance	SFW	March 2014	SFW alliance members committed to SIP as a priority and monitoring of strategic actions undertaken
		Increase provision of smokefree homes through campaigns and personal advice to pregnant women; their partners and families.	SFW/Midwives/Others who visit client homes	Action plan June 2014	Clarity over methodology for promoting smoke free homes and increased promotions
		Influence the PHSE agenda to include information on the effects of smoking on pregnant women and foetuses.	SFW/School Nurses/ Head of Learning and Education	September 2014	Agreed plan of action
		Consideration be given to ways in which workplace health promotion can include smoking in pregnancy	PHW	June 2014	Plan of action developed.

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		messages			

NOTE: For Public Health Warwickshire (PHW) also read Stop Smoking Commissioner (Group Manager: Community Safety and Substance Misuse).

WSSS – Warwickshire Specialist Stop Smoking Service.

SFW – Smokefree Warwickshire

* The NCSCT specialty module Pregnancy and the Post-Partum Period is available via their website to all practitioners who have already passed the Stage 2 Assessment and have Full NCSCT Certification. This module is intended for anyone who helps pregnant smokers stop smoking.

It provides:

- information on the health effects of smoking in pregnancy and the post-partum;
- evidence showing the benefits of cessation and effective methods to help pregnant women to stop smoking;
- guidance on best practice in assisting pregnant women to stop smoking;
- links to useful resources
- 'test yourself' questions

The module also includes an assessment. This consists of 20 multiple choice questions and the pass mark is 70%.

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