



Public Health
England

Protecting and improving the nation's health

Supporting system-wide action to reduce smoking in pregnancy

‘Fit for and during pregnancy’

Embedding a holistic approach to prevention to improve women’s health before and during pregnancy will:

- Give every child the best start in life
- Reduce health inequalities
- Improve choice and personalisation
- Achieve safer outcomes for all mothers and babies



Prevention pathway: preconception to 6-8 weeks



Promote contraceptive choices

Improve preconception health and care



Promote healthy behaviours and reduce risk factors

Screening and immunisations



Improve postnatal care and transition to health visiting / early years

PHE priority actions for 17/18

1. Reduce the burden of perinatal mental illness
2. Increase the number of women having a smokefree pregnancy
3. Increase the number of babies breastfed at 6 months
4. Embed public health and prevention across the maternity pathway

PHE priority action for 18/19

1. Maternal obesity - to take the next steps towards addressing this issue through a targeted and universal approach (i.e. all women should be offered lifestyle advice) and to provide the basis for action

Smoking in Pregnancy: Risks and Impacts

Smoking is the main modifiable risk factor in pregnancy and associated with a range of serious problem, including:

- Complications during labour; increased risk of miscarriage; premature birth; still birth; low birth-weight; sudden unexpected death in infancy

Each year it causes up to:

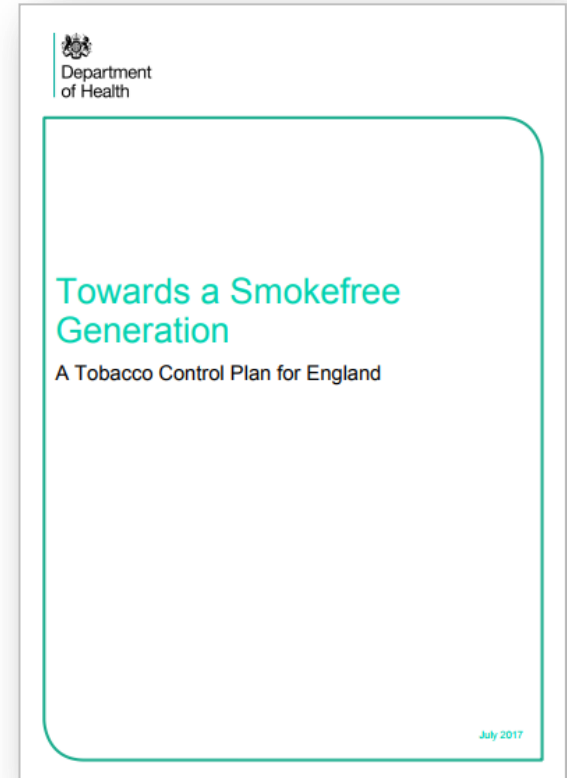
- 5,000 miscarriages
- 2,200 premature births
- 300 perinatal deaths (in the UK)

It also increases the risk of developing:

- respiratory conditions;
- attention and hyperactivity difficulties;
- learning difficulties;
- problems of the ear, nose and throat;
- obesity and diabetes

Towards a smokefree generation

- PHE have supported the plan throughout its development.
- Within days of his appointment, the Public Health Minister made a commitment on the floor of the house, for the plan to be published before recess.
- A new Government Tobacco Control Plan for England was published on 18th July 2017.

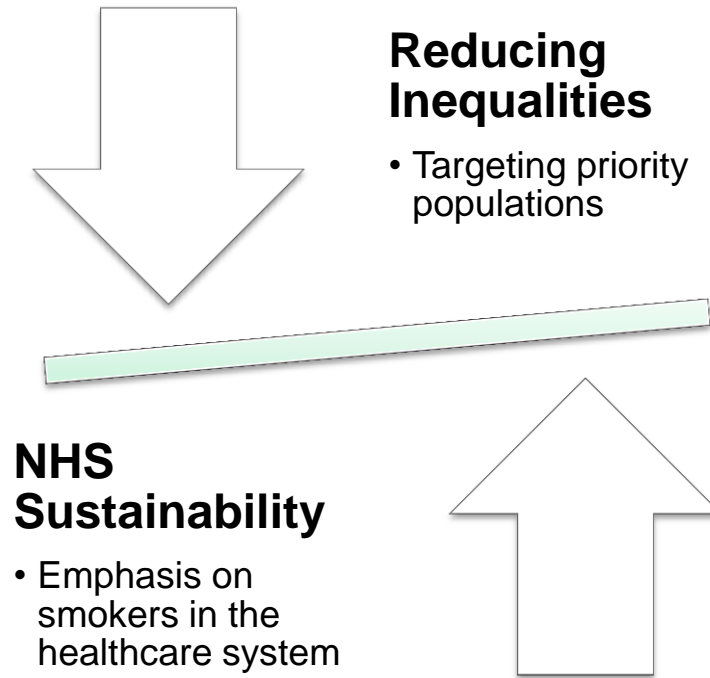


National ambitions

Our vision is to create a smokefree generation. We will have achieved this when smoking prevalence is at 5% or below. To deliver this, the government sets out the following national ambitions which will help focus tobacco control across the whole system:

- Reduce smoking rates from 15.5% down to 12% or less.
- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

Golden Threads...



A whole system approach

Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.

Helping smokers to quit is the job of the whole health and care system. As smokers experience a greater incidence of poor health and disease, the health system will already be regularly engaging with them. We must exploit these opportunities and make every contact count.

Stamping out inequality: smokefree pregnancy

National Commitments:

- PHE will analyse current practice in maternity services, to assess the use of CO monitoring and the implementation of smokefree.
- NHS E will work to reduce smoking in pregnancy through CO testing at antenatal care and referral to stop smoking services through the Saving Babies' Lives Care Bundle
- NHS E will include the recording of the outcome of CO screening within the Maternity Services Dataset.
- PHE and NHS E will develop a joint work plan.
- Through the MTP, NHS E will work with PHE to reduce stillbirths, neonatal and maternal deaths, by consistently emphasising opportunities to achieve and sustain smokefree pregnancies.
- Continue to work to improve the reliability of data measures for smoking during pregnancy.

Smokefree NHS

Every front-line professional discusses smoking with their patients

Everyone understands there is no smoking anywhere on NHS property

Every smoker is offered stop smoking support on site or referral to local services



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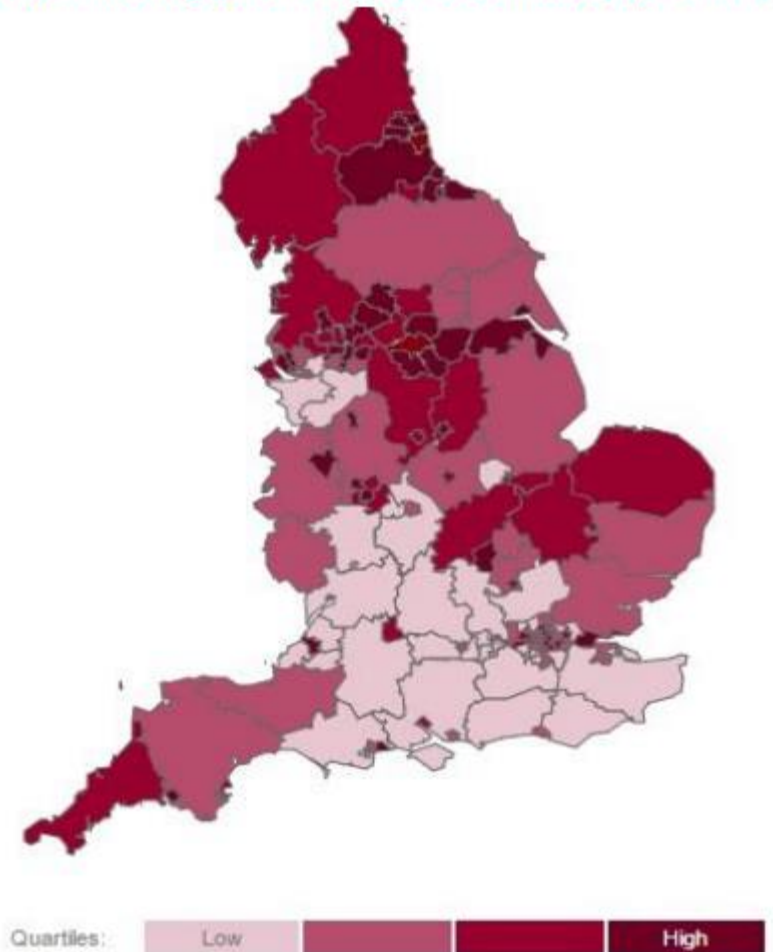


Supporting smokers to quit

The populations most in need of support and with the highest rates of smoking will not be the same in all areas and it is natural that local councils look to ensure their services meet the needs of their particular communities.

However, all local areas will want to consider how to target their stop smoking service at those groups locally where prevalence remains high and it is clear that those in routine and manual occupations are likely to need this targeted support in all areas. Local councils will want to consider how to ensure that support is available to assist this group and other priority groups they have identified to quit smoking and break this cycle of inequality.

Adult smoking prevalence by local authority (2015/16)



Smoking in pregnancy challenge group ●

Assessment of the
training needs of
midwives and
obstetricians to address
smoking in pregnancy

[Full report](#)

[Executive summary](#)



Smokefree Skills:
An assessment of maternity workforce training

Process and report

Scope: analysis of the training that midwives and obstetricians currently receive in this area, and what further training is needed.

Process:

- Literature review
- Stakeholder engagement (including:
- Focus groups (2 with midwives, 2 with obstetricians)
- Quantitative survey (1058 participants in total, 860 midwives)

Report:

- Final report - Published 18th July in Parliament, joint APPG Baby Loss / Smoking & Health
- Challenge Group will working with stakeholders to take recommendations forward
- Recommendations for PHE and NHS E will feed into Maternity Transformation Programme

Key findings

smoking in pregnancy
challenge group ●

- Training is provided on the harms from smoking in pregnancy, but...
- Training on how to communicate this to women, simple behaviour change techniques and very brief advice are often not being taught.
- Many maternity staff are not taught how to use carbon monoxide monitors.
- Training is not being provided consistently around the country.
- Many midwives and obstetricians do not feel they have adequate training or knowledge to address smoking in pregnancy.
- However... strong appetite for more training in this area amongst both midwives and obstetricians, particularly in relation to practical actions to take when working with a pregnant woman who smokes.
- There is currently limited scope for mandating training in undergraduate curricula and in training of postgraduate/post-registration workforce.

Recommendations

smoking in pregnancy
challenge group ●

Recommendations are made for organisations across the system – including GMC/NMC, Medical Schools, Royal Colleges, NHS, PHE and local partners.

Training Requirements

All midwives and obstetricians should be trained so that they:

- have the knowledge and skills to undertake practical action to address smoking, such as CO monitoring and referral to smoking cessation services;
 - are able to have a brief and meaningful conversation to increase the likelihood of a positive outcome.
- Training should reach all midwifery and obstetric staff so that they can provide a consistent message for women.
 - Training should be embedded in both the undergraduate and postgraduate setting.

Recommendations for PHE & NHS E

1. Ensure that training related to addressing smoking in pregnancy is promoted at a national level in particular through current mechanisms such as the Maternity Transformation Programme.

(Increasing number of women having a smokefree pregnancy is a part of Improving Prevention, action underway to embed this across the whole programme and other work streams)

2. Take action to promote effective local pathways and support local co-ordination for addressing smoking in pregnancy that include appropriate training of local maternity staff by NHS Trusts. The Local Maternity Systems may be an effective route for this activity.

(Ensure consistent messaging e.g. in model service specifications, LMS resource pack, quality improvement frameworks - further work planned with digital and data leads regarding monitoring).

3. Develop a short training resource, for example a video, that can be circulated to trusts for inclusion in mandatory in-service training for midwives, induction for rotating medical staff and during multi-professional training events, as a baseline for all staff that can be supplemented with other methods as necessary.

(NCSCT/RCM training already in place – 2000 HCP's completed since launch in June 2016)

Recommendations for PHE & NHS E

4. Participate in the consultations for current and upcoming reviews pertinent to training of the maternity workforce and ensure that the importance of training to address smoking in pregnancy is highlighted.

(Underway)

5. Explore the role of other relevant health professionals who provide care for pregnant women, such as maternity support workers, health visitors, nursery nurses, ultrasonographers and family nurse practitioners, and the scope for improving any training for them to address smoking in pregnancy.

(Opportunities identified through PHE Best Start in Life programme and PHE Healthcare Public Health teams)

6. Work with NHS Trusts to ensure that up to date resources are made available to front line staff on options for pregnant women who smoke including e-cigarettes, for example the resources produced by the Smoking in Pregnancy Challenge Group

(Continue to promote CG resources, including CO postcards and EC briefing).

Recommendations for local organisations

1. NHS Trusts must provide training for staff working in maternity to address smoking in pregnancy including practical aspects such as CO monitoring and referral for stop smoking support, alongside simple behaviour change techniques such as very brief advice.
2. NHS Trusts must ensure that protected training time is used for this, with particular consideration given to mandatory in-service training for midwives, induction for rotating medical staff and multidisciplinary training opportunities.
3. Clinical Commissioning Groups must commission to ensure that care pathways for pregnant women meet NICE guidance PH26 on smoking in pregnancy and after childbirth which includes training of maternity staff to an appropriate level.
4. Local authorities must work collaboratively with local NHS systems to ensure joined up provision of services for pregnant women who smoke and to promote and support the need for appropriate levels of training of maternity staff.

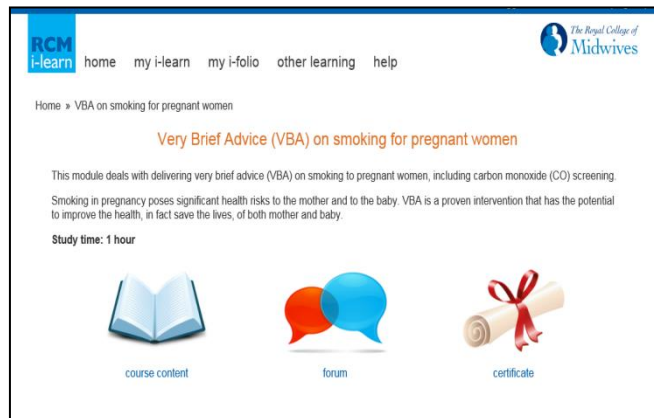
Existing on-line training

(uptake >2000 since June 2016)



NCSCT (open access)

http://elearning.ncsct.co.uk/vba_pregnancy-stage_1



RCM i-learn home my i-learn my i-folio other learning help

The Royal College of Midwives

Home > VBA on smoking for pregnant women

Very Brief Advice (VBA) on smoking for pregnant women

This module deals with delivering very brief advice (VBA) on smoking to pregnant women, including carbon monoxide (CO) screening. Smoking in pregnancy poses significant health risks to the mother and to the baby. VBA is a proven intervention that has the potential to improve the health, in fact save the lives, of both mother and baby.

Study time: 1 hour

course content forum certificate

RCM (members only)

<http://www.ilearn.rcm.org.uk/>

A mix of text and short video clips to support practitioners ability to:

- Describe the main effects of smoking upon the health of mother and baby
- Understand the patterns and prevalence of smoking among pregnant women
- Provide VBA (ASK, ADVISE, ACT) and know where it fits in the care pathway
- Follow up and subsequent appointments
- Respond to frequently asked questions and dispelling myths:

Report recommendation:

- *Efforts could be made to make the existing NCSCT on-line training module, Very Brief Advice on Smoking for Pregnant Women, available via the NHS eLFH platform to further increase access to this resource.*

Opportunities

Undergraduate:

- Embedding training in curriculum
- Medical and midwifery schools
- Review of standards
- Competencies and assessment

Postgraduate:

- Post registration training
- Mandatory midwifery training
- CPD and e-learning for health

Important:

- The Challenge Group report focussed on midwives and obstetricians – clear role for other HCP's and there are opportunities to review and engage with training provision for other professional groups too.

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