



Oxford University Hospitals
NHS Foundation Trust

Health Improvement Board

February 2019

Title	Reducing Smoking in Pregnancy Performance Oxford University Hospitals NHS Foundation Trust
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Status	For information
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Key purpose	Strategy	Assurance	Policy	Performance
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Executive Summary

1. The purpose of this paper is to outline the performance of Oxford University Hospitals NHS Foundation Trust (OUH FT) Maternity services in reducing smoking in pregnancy and smoking performance at discharge.
2. The Oxford Local Maternity Systems (LMS) are working to achieve measurable improvements in safety outcomes for women, their babies and families in maternity and neonatal services, in line with the Government's national ambitions and as set out in Better Births in 2016.
3. The number of pregnant women smoking in pregnancy smoking at 'Booking' in Oxfordshire is approximately 9.56% in 2019. The Key performance Indicator (KPI) for reducing smoking at discharge is 8%. The performance score card shows smoking at discharge is below the KPI (Appendix 1).
4. The report explores current and proposed changes in the care pathway to reduce smoking in pregnancy.

Conclusion

5. The maternity services has benchmarked its current service provision against national drivers. Work continues towards improving the care provision for pregnant women to reduce smoking in pregnancy.

6. Recommendation

The Health Improvement Board is asked to note the contents of this report.

Reducing Smoking in Pregnancy in Oxfordshire

1. Introduction

- 1.1. The purpose of this paper is to outline the performance of Oxford University Hospitals NHS Foundation Trust (OUH FT) Maternity services in reducing smoking in pregnancy and smoking performance at discharge.
- 1.2. The OUH FT has benchmarked the smoking cessation programme against Saving Babies Lives Care Bundle Version 2 (DOH 2019) and Better Births (2016).
- 1.3. There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth and impacts positively on many other smoking-related pregnancy complications, such as preterm birth, miscarriage, low birthweight and Sudden Infant Death Syndrome (SIDS).
- 1.4. This paper outlines the maternity plans to reduce smoking performance at discharge.

2. Background

- 2.1. The Oxford University Hospitals NHS Foundation Trust continues to work with key stakeholders to reduce smoking in pregnancy and discharge.
- 2.2. The Oxford Local Maternity Systems (LMS) are working to achieve measurable improvements in safety outcomes for women, their babies and families in maternity and neonatal services, in line with the Government's national ambitions and as set out in Better Births in 2016.
- 2.3. The number of pregnant women smoking in pregnancy at 'Booking' in Oxfordshire is approximately 9.56% in 2019. The Key performance Indicator for reducing smoking at discharge is 8%. The performance score card shows smoking at discharge is below the KPI (Appendix 1).
- 2.4. Recently a BOB CleaR: Smoking in Pregnancy Deep Dive self-assessment exercise was undertaken and completed. The self-assessment exercise identified areas to improve their tobacco control work was complete in November 2019. The results were recently published and action plans are in the process of being developed. This deep dive exercise highlighted Oxfordshire insights, strengths and opportunities for development (Appendix 2).

3. The current provision in Oxfordshire

- 3.1. The current care provision to help the reduction of smoking in pregnancy is to identify smokers (or those exposed to tobacco smoke) at Booking and offer them a referral for support from a trained stop smoking advisor. This is the default position to refer automatically unless the woman declines. Audits demonstrate good compliance of referring

smokers to stop smoking advisers, however there is a high rate of women not attending these appointments.

- 3.2. In 2018/2019 carbon monoxide (CO) testing was introduced. The aim was to offer CO testing for all women at the antenatal booking appointment. However, due to the lack of CO monitors available to community midwives and in GP surgeries this proved challenging and difficult to achieve. This led to adaptations in the pathway which led to women being offered CO monitoring in the ultrasound department either at the first trimester scan or anomaly scan or if women attended antenatal clinic services at JR or Horton Hospitals.
- 3.3. Although there has been a significant improvement in CO monitoring of between 50 – 60%, it is evident that this approach is not capturing all women. This is mainly due to staffing challenges.
- 3.4. Stop Smoking Services have been commissioned to provide support for pregnant smokers.
- 3.5. All staff in community have been provided with training to improve the quality of the conversations they have with women.
- 3.6. The current service provision in Oxfordshire will not meet current recommendation in 'Saving Babies Lives Care Bundle Version 2 (2019):
 - CO testing should be offered to all pregnant women at the antenatal booking appointment, with the outcome recorded.
 - Additional CO testing should be offered to pregnant women as appropriate throughout pregnancy, with the outcome recorded.
 - CO testing should be offered to all pregnant women at the 36 week antenatal appointment, with the outcome recorded.
 - Referral for those with elevated levels (4ppm or above) for support from a trained stop smoking specialist, based on an opt-out system. Referral pathway must include feedback and follow up processes.
 - All relevant maternity staff should receive training on the use of the CO monitor and having a brief and meaningful conversation with women about smoking (Very Brief Advice - VBA).

4. Proposed changes to service provision

- 4.1. From March 2020, all pregnant women will be offered CO monitoring at Booking and 36 weeks by their community midwife. The Maternity Directorate has recently procured 107 CO monitors. Each community midwife will be provided with their own monitor.
- 4.2. All relevant maternity staff are in the process of receiving training on the use of the CO monitor and guidance on having a meaningful conversation with women about smoking.
- 4.3. A Smoking Cessation Lead has been appointed and will be working closely with the Consultant Midwife to deliver

- 4.4. To work closer with local partner to review current pathways to ensure they meet the needs of the local population.
- 4.5. Adaptions to the Electronic Patient Records system (EPR) to ensure health professional are able to record CO monitoring results which will allow data to be collected and reportable in the Maternity Service Data Set (MSDS).

5. Action Plans for 2020

- 5.1. To develop an action plan with local partners following recent CLear Smoking in Pregnancy Deep Dive self-assessment.
- 5.2. To audit current service provision to ensure meeting national drivers.

6. Conclusion

- 6.1. The maternity services has benchmarked it current service provision against national drivers. Work continues towards improving the care provision for pregnant women to reduce smoking in pregnancy.

7. Recommendation

- 7.1. The Health Improvement Board is asked to note the contents of this report.

Report prepared by:

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Appendix 1 - Scorecard for Oxford

Measure	Responsible Board	Baseline	Target 2019/20	Q1 Report 2019/20		Q2 Report 2019/20		Q3 Report 2019/20	
Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	6.7%	G	7.7%	A	6.8%	G

Oxfordshire – your insights

- You identified that there is no specific group addressing SIP, although there are informal working relationships.
- You are developing a tobacco control strategy and considering whether a health needs assessment is necessary
- Access to CO monitors is varied as there have been issues with procurement but you plan to retrain alongside a revisit of the smoking cessation pathway
- You were unclear whether women were routinely screened for CO – the issue with monitors hasn't helped
- You recognise that some of the messaging and communication needs some work building on the insight work of the preconception campaign

Oxfordshire – your strengths

- ICS prevention framework does address SIP and is acknowledged in HWB strategy
- There is good data available to understand needs of communities in SIP; and the insight work of preconception campaign
- Stop Smoking Service commissioned to provide support for pregnant smokers
- A new specialist role for a consultant midwife will be investigating “unknown status” and training
- You have champions across clinical areas who are trained to appropriate standards
- A broad range of NRT is available and on wards
- Women are contacted within 48 hours of referral and offered an appointment within a week; alternative support is offered by phone, text and online support.

Opportunities for development

- The formation of a multi-agency smoking in pregnancy action group with clearer governance
- The development of a system wide action plan
- Look to include audits of NICE guidance into future QI work
- Contracts for midwifery services specify outcomes/not actions. Are the outcomes being met?
- New specialist role provides opportunities to look at – data/monitoring; training; reviewing/auditing pathways
- Training review required – across the MDT; seeking mandatory training but need senior engagement
- Standard scripts for midwives to be developed and clear referral pathway to be reviewed
- Scope for further work with partners/significant others
- Communication

Results – Oxfordshire

