

School for Public Health Research

Public Health Evidence Briefing

Building the evidence for cost-effective public health practice

Reducing North East smoking in pregnancy rates

- Smoking in pregnancy has a significant impact on women's and baby health by increasing the risk of premature births, stillbirths, miscarriages and complications after labour due to smoking.
- Researchers from Fuse (a Public Health Centre of Excellence) worked in partnership with Fresh North East to develop and evaluate babyClear©, a complex service reconfiguration intervention unique in the UK.
- The research demonstrates that babyClear© has a substantial impact on referrals to smoking cessation services and quit rates among pregnant women.



In spite of NICE guidance on stop smoking in pregnancy, many midwives and stop smoking staff do not implement best practice in their interactions with women.

Key issues

- The proportion of women smoking in pregnancy is higher in the North East than elsewhere in England.
- Midwives and stop smoking staff did not feel comfortable to challenge pregnant women about their smoking behaviour.
- The intervention aimed to improve referral to stop smoking services and quit rates via training of midwives and stop smoking advisers, and provision of carbon monoxide monitors.
- In addition to this core package, an enhanced 'risk perception' intervention (RPI) was developed.

What we did

The evaluation by researchers from Fuse, the Centre for Translational Research in Public Health, examined the effectiveness of the pathway and its impact on health indicators such as low birth weight. In addition, a process evaluation examined how acceptable the intervention was with participating women smokers, and also explored in depth the service conditions which make delivery and sustainability most likely.

Findings and implications

- Referral rates to Stop Smoking Services (SSS) were 2.5 times higher in month four, compared to the baseline period and quit rates nearly doubled after introduction.
- Babies born to women who quit smoking during pregnancy were, on average, 6 per cent heavier than babies born to women who smoked throughout.
- The cost of implementing the babyClear© core package over five years is estimated at £30 per delivery. Nine pregnant smokers need to be treated to generate an additional quit at a cost of £938.
- For a Trust with 3,000 deliveries per year, it is estimated that the core package alone would deliver 96 additional quitters annually, reducing local smoking at time of delivery (SATOD) rates by around 3 per cent.

What next?

Partners will be encouraged to consider these outcomes when making commissioning decisions and planning operational activity for 2016/17 and beyond.

“Pregnant women were not put off by being challenged on their smoking behaviour so long as they were approached sympathetically; they responded well to support that was flexible, tailored and frequent.”

References:

<http://sphr.nihr.ac.uk/wp-content/uploads/2014/12/WEB-17.12.14-SPHR-FUS-PES-BBC-summary.pdf>

SPHR Contact/Find out more about this study at:

<http://www.fuse.ac.uk/nihrsphr/involvementengagement/>