A QI pilot to improve the quit environment of the smoking pregnant woman by supporting family members to quit

"THE DORSET APPROACH"

by Heidi Croucher & Jo Dakin



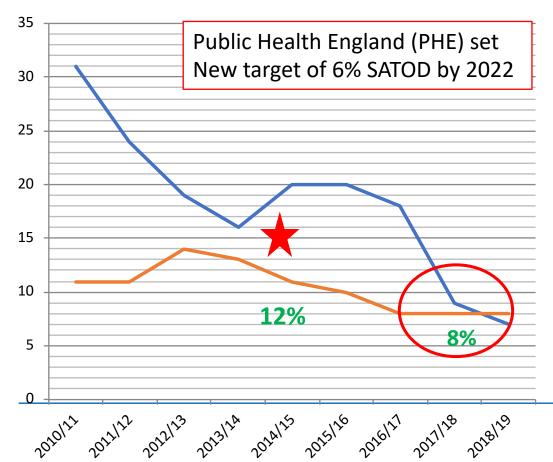




2013 – CO testing at ANB

Funding from PHD for a 4 year pilot - Baby Clear Model £62k per year to roll out!

Background





5 years of a new enhanced service developed and embedded.

Despite all of this sadly: 49% pregnant women did not set a quit date

25% of those that set quit date did not manage to quit

CAN I DO THIS??







"The biggest barrier to a Mum quitting is if her 'significant other' still smokes"



Purpose: Bring a full Stop smoking service to the whole family

'Significant other Quit Model' includes;

- 1. See the family at home weekly support
- 2. Direct supply, free and including all pharmacotherapy options
- 3. CO validated quit rates at 4 and 12 weeks
- 4. Liaise with GP / HV

The Tobacco control plan for England 2017-22 Towards a Smoke-free Generation

Funding from Public Health £22k Sustainability: The Long Term Plan

In 2018: <u>6 m</u>
4% partner engagement
INCREASE to 30%
Partner quit rate 2%
INCREASE to 30%
Pregnant mums setting a quit date 51%
INCREASE to 75%
Engaged Pregnant Mums quit rate 75%
MAINTAIN at 75% or above

6 months results - half way;

.....INCREASED to 39%

.....INCREASED to 60%

.....REMAINED at 52%

.....INCREASED to 78%

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Conclusion

Early indications are that this holistic project is successful at reinforcing the simple prevention strategy that prevention is better than cure to this important group of patients and has the potential for national roll out This is the first time direct supply of Varenicline has been offered to 'Significant others' by Specialist Midwives as part of a NHS Trust Smoke Free Pregnancy Service and over this next year we hope to see that this pilot has a positive impact on:



Reducing our SATOD to hit the 6% target by 2022



Accessing all demographics



Targets the 'forgotten smoker', the 20-50 year old smoker who are our NHS's future long term condition patients



Targets the under 15 years olds who smoke (where the pregnant mother has a teenage child or younger sibling)

#Saves babies lives









Consultative Business Coaching

Lessons Learned



Approaching the issue of smoking in pregnancy holistically has enabled maternity services to support different members within the family home and reduce barriers to quitting



Engaging with different stakeholders including patient engagement through the maternity voices partnership helped to maximise initial progress although there were issues in gaining funding, with the second commissioner providing funds delaying the start of the project



A Patient Group Directive (PGD) was written and training given to Smoking in Pregnancy Midwives on Varenicline which was supported by Pfizer. Midwives have never given out a direct supply of Varenicline by PGD before so initially they were apprehensive

Recommendations



Have funding for visible and accessible specialist midwives the equivalent of a 7 day per week service with admin support



Ensure Pharmacotherapy funding to include stock for direct supply to partners/household family members who smoke



Revise the Pan Dorset SiP Policy ensuring that agreed 'best practice' is maintained and includes provisions for partners/family members



Maintain our ethos of a 'holistic approach' when addressing smoking in pregnancy, it is everyone's responsibility to achieve a 'smoke free generation'



The specialist midwives to stay up to date with best practice through continuing their professional development

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What the service users say.....

If it hadn't have been for this amazing service my partner and I would not have been able to cut down or quit smoking. Very helpful and useful with lovely staff. thank you "

having **** give up as well as me means that I am more likely to stick to not smoking as I won't have the temptation there. It also means that we can bring up our child in a smoke free environment making it safer for him

"





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