Office for Health Improvement & Disparities

ADPH South West

Guidance for Delivering Smoke Free Homes

Maternity/Health Visitor Pathway

March 2023

Contents:

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Introduction

This guidance has been developed regionally as a collaborative effort with the expertise of staff working in the specialist area of; smoking cessation, commissioning, Maternity and Health Visiting services. Led by the Office of Health Improvement (OHID) as part of a regional Association of Directors of Public Health South West (SW) Sector Led Improvement (SLI) activity the project team included Public Health Local Authority (LA) Commissioners, NHSE colleagues, smoking expert colleagues and Health Visitor (HV) leads . The guidance has also had input from midwifery services leads and smoke free leads.

At the time of publication, Smoking at Time of Delivery (SATOD) rates in the SW are 9.9% compared to a national average of 9.1%. The SW is an outlier in this regard, with rates well above the government target of <6%. As Smoking in Pregnancy (SiP) is an agreed health priority for the region, several areas for improvement have been identified for the maternity smoking pathway including the interaction between midwifery and health visitor teams in the SW. This document contains examples of how we felt this area could be improved using SLI and quality improvement methodologies. By putting into action the recommendations in this guidance, improvements in communication, handovers and evidenced based interventions for mothers and partners supported by maternity teams and HV services will positively impact SATOD and relapse rates. The recommendations are not designed to be prescriptive but could be adapted as appropriate to individual services.

The original aim of the SLI activity was to review smoking in pregnancy activity across the SW in response to the NHS Long Term Plan (2019). During the initial discussion with the group it was agreed to extend the Maternity Smoke Free Pathway and design a regional approach for HVs to support post-natal families in establishing smoke free homes. HVs Appendix 1 summarises a survey of SW HVs to enable a mapping of regional services. This identified local best practice that then helped to shape the guidance alongside relevant national guidance.

For the purpose of this work the following definition was used (BMJ Open 2015):

‘A smoke-free home is defined as a home where no one is allowed to smoke anywhere inside the home.’

Summary

This guidance is to assist SW Local Authorities in developing or aspiring to a Standard Operating Procedure (SOP) for contributing towards reducing tobacco dependence in the post-natal period and infant exposure to smoke related harms.

The recommendations provide best practice for:

- Improving the communication between Midwifery and HV teams
- Increasing the number of HV services carrying out Carbon Monoxide (CO) monitoring
- Enhanced smoke free training for HVs
- Improved awareness raising of the risks of second-hand smoke to children
- Increased referrals to local stop smoking services
- Improved data collection and monitoring.

Introducing the above recommendations will also contribute towards:

- Reducing the risk of relapse, where parent/caregiver has recently quit smoking
- Increasing the proportion of children living in parents/caregivers reported smoke free homes

It is recommended that HV services develop a local SOP to include and to be able to demonstrate that they meet the minimum recommendations and are working towards the overall recommendations as set out within this guidance.

Recommendations

Issue	Minimum Standard	Best Practice
Midwifery to HV Handover: • Lack of consistency with smoking status information at handover • Some forms currently paper format some electronic • Data collection of information	Ideally full completion of Maternity Stop Smoking Passport but sharing of a minimum data set includes: • Demographics • Resident parent/caregiver smoking status • Whether resident parent/caregiver has reported child lives in smoke free home (may need to be asked) This information may be communicated via any agreed medium i.e., maternity notes, handover form, or other contact *See data collection below	• Full completion of Maternity Stop Smoking Passport, and for this to be shared via an agreed pathway with HV (and other community support services as appropriate and agreed with mother) • This dataset can be embedded digitally within relevant software, completed electronically, and emailed, posted, attached to maternity notes, or by any other secure and mutually agreed pathway • Robust and secure data sharing protocols are in place and adhered to, aligning with respective information governance requirements • Sharing agreements will need to be in place to manage data
Carbon Monoxide: • CO testing part of maternity pathway but not HV pathway • HV don't have access to monitors and resources • Recording of result	• CO testing at pre-birth HV visit and primary birth visit • Access to CO equipment • Capturing of results in patient notes • CO screening training • Establish a local CO screening pathway	• CO testing at all HV visits • All HVs issued with own CO equipment • Home CO monitoring kits provided to women • Standardised CO pathway
Training: • Mainly VBA mandatory • Training in NRT, Smoke free homes, required • Prescribing of NRT	No minimum offer – all areas to meet gold standard recommendations to improve consistency, networking, and expertise within HV teams	• 90% of HV workforce trained in NCSCT online antenatal training • Core HV champions identified and completion of specialised training / join local tobacco control networks • Identification of referral pathway (example provided) • All HVs to be able to recommend NRT / vape offer

		• Improve patient record and receive digital receipt of patient progress through the system
Resources: • Currently lots of information handed out including which websites to access • Physical smoke free home pack required for some mothers to include a range of leaflets	• Smoke free home leaflet • Second-hand smoke leaflet • Vaping information • Risks to baby information • Smoking Cessation Services info for partners and others in home • Smoking and pet's info • Social smoking info • CO testing information	• Locally designed smoke free home leaflet • Locally designed smoke free home information pack
Referrals: • Not all HVs have access to refer directly into SCS	• All HVs aware of and able to refer people who would like help to stop smoking, into local smoking cessation services or equivalent support • Robust smoking cessation pathway established between HV services and local smoking cessation services (where applicable)	• Access to an electronic system i.e. Quit Manager for HV teams to refer electronically and instantly to smoking cessation services, where applicable (plus associated training) • Outcomes reporting from smoking cessation services to HV agreed locally (ref no.s and outcomes) • Feedback to HV following TTD referral
Data collection and monitoring: • Data collection variable • Different systems in place for collection • Two records – Mothers and child's	• Smoking in home prevalence • Recording of Number & % of children where smoking in the home/premise is recorded at: AN visit, new baby review visit, 6-8 weeks review visit • Recording of Number of children where smoking in the home/premise is identified at: AN visit, new baby review visit, 6/8-week review visit	• Pre-set KPI's • Dedicated recording system • Smoking and smoke free home prevalence collected at every HV visit • Smoking status and smoke free home prevalence at 12 months post-partum

Areas identified for improvement via benchmarking exercise

Midwifery to Health Visitor handover

Timely and meaningful information needs to be shared between Midwives and Health Visitors

The online survey completed by HVs established that the quality of information sharing regarding smoke free home status between midwifery and HV was variable, with limited information about whether the partner smoked, what support had been offered or was in place for the mother and even if the mother was an ex-smoker.

For support to be provided where necessary it is essential that up to date and accurate information about smoke free homes and parent/caregiver smoking status is shared. This would require accurate data collection from the start of the maternity pathway through to the HV handover and then the HV having the ability to continue to deliver an effective intervention around caregiver/parental smoking status and smoke free homes, to record this information effectively, and to make a referral to a local smoking cessation service as required (and where available).

Multiple strategies for sharing patient information between Maternity Services and Health Visitor Teams are in use across the region, which contain varying levels of information. It was felt that standard mandatory information would be key for HVs to continue the support already in place by the midwives (see Appendix 2 Midwifery Passport).

In some areas there are regular multi-disciplinary team (MDT) meetings where high risk mothers are discussed to ensure that there is additional support in place for discharge home and handover to the HV team.

Midwives and Health Visitors were also asked how they felt the communication between service was on a scale of 1-5. HV scored the communication on average as 2.95. At a recent SW Regional Smoke-Free Pregnancy Leads Meeting midwives were asked about how they felt communication with health visitors was and some responded that they felt this relationship was 'tricky' at times, but variable between units.

Ideally the Midwifery Handover Form would also be used as an electronic referral form for community smoking cessation services with all the relevant information completed.

Midwifery Handover Form – Maternity Stop Smoking Passport (example)

Maternity Stop Smoking Passport

A. Consent (see privacy notice at end of form)

I give consent for my details to be shared with the services identified below, for the purpose of support to stop smoking / remain abstinent on discharge from maternity services.

☐	Health Visitors (insert email)	☐	Community smoking cessation service (insert email)
☐	GP (see patient record)	☐	None of the above

Patient Signature: …… Verbal Consent: ☐ Date: ……..

Referrer Signature: …… Date: ……

Please complete and send this form ASAP ideally within 5 days of discharge

B. Patient Details					
Title:	☐Mrs ☐Miss ☐Ms ☐Dr ☐Other:	First Name:			
		Surname:			
Date of Birth:	Click or tap to enter a date.	NHS Number:			
Home address & Postcode:					
Email:		Telephone no(s):		Leave message:	☐Yes ☐No
Disability	☐No ☐Yes (*give details as required including any adjustments necessary*)				
Priority Information *i.e. language/literacy considerations, relevant risks etc.*					

C. Midwifery Smoking Cessation History				
Maternity Referrer:				
Email:		Phone:		
Intervention provided:	Brief Intervention in Smoking Cessation		☐Yes	☐No
	Harm reduction intervention (see below)			
	• Advised vaping as an alternative to smoking		☐Yes	☐No

	• Advised to smoke exclusively outside (i.e. not in homes or cars)	☐Yes	☐No
	• Advised to reduce smoking	☐Yes	☐No
	• Other (please state)	☐Yes	☐No
	Referral to smoking cessation support– maternity	☐Offered	☐Accepted
		☐Opt-out referral made	
	Referral to smoking cessation support – community	☐Offered	☐Accepted
		☐Opt-out referral made	
	Referral for family members to smoking cessation support	☐Offered	☐Accepted
	Engaged with treatment from smoking cessation service	☐Offered	☐Accepted
	Other (please state)		

D. Smoking Status					
Quit date:	Click or tap to enter a date.	Last cigarette date:	Click or tap to enter a date.	Last CO reading (ppm)	
				Date of CO reading	Click or tap to enter a date.
Current Smoking Status *(tick as many as apply)*:	☐Not smoking – not using any medication / other smoking cessation aids				
	☐Not smoking – currently using NRT				
	☐Not smoking – currently vaping				
	☐Currently smoking	☐Yes ☐No			
	☐Vaping and smoking				
	☐Smoking alternative tobacco source i.e. shisha, khat etc.	Details:			

Patient has declared home is smoke free.	☐Yes ☐No	Patient has declared car is smoke free.	☐Yes ☐No	Patient lives with current smoker.	☐Yes ☐No

Any other relevant information:

Carbon Monoxide Monitoring

Carbon Monoxide monitoring needs to be part of the HV pathway

Carbon Monoxide (CO) is a colourless, odourless and tasteless poisonous gas present in; exhaust fumes, oil burning appliances, coal and wood fires and cigarette smoke. Exposure to CO can kill people. It is also detrimental to the health of a foetus - depriving the baby of oxygen, slowing growth, and increasing the risk of miscarriage, still birth and sudden infant death. This exposure to CO is commonly caused by smoking during pregnancy.

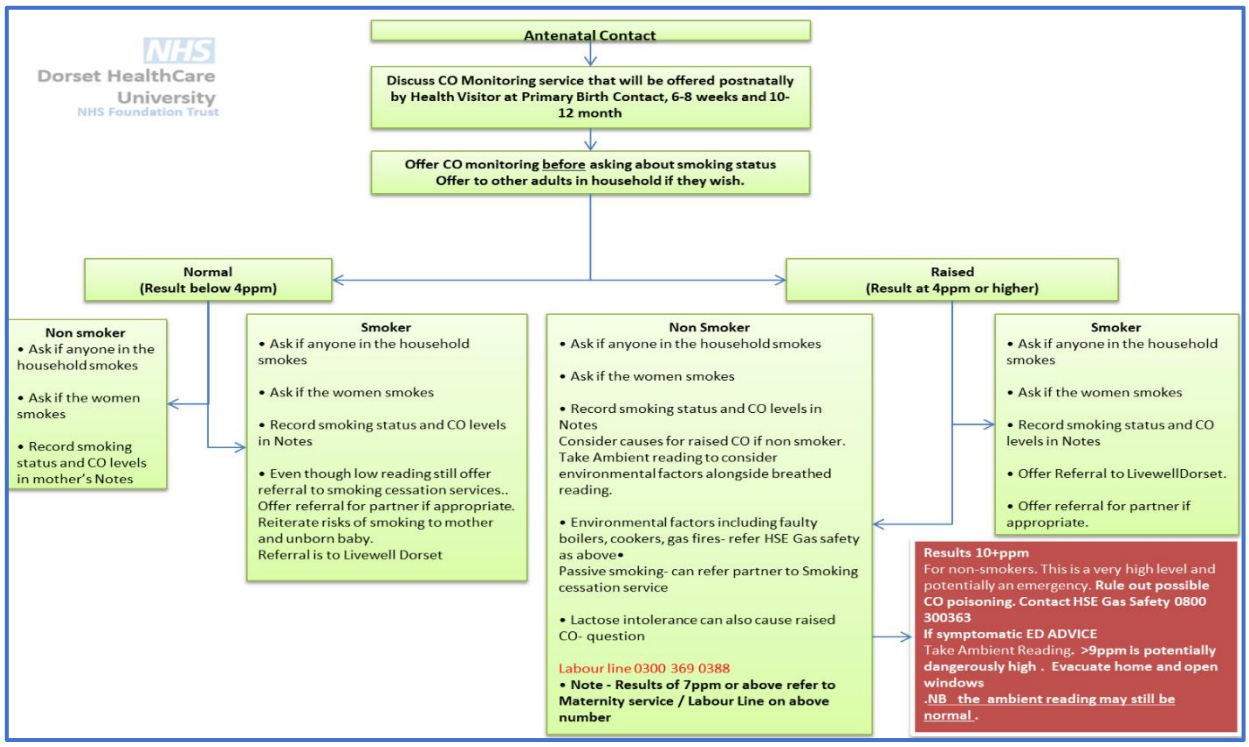
CO monitoring is currently available at any antenatal appointment. CO monitoring is not only about establishing smoking status but may also highlight a household problem with CO, which can be resolved to prevent any further exposure. High levels are strongly indicative of exposure to cigarette smoke either, from the mother smoking or chronic exposure to second-hand smoke.

As CO monitoring is an evidence-based intervention (NG209) (NICE, 2022) and is frequently already in place as part of the maternity care pathway then expanding this intervention to include the post-natal period is likely to be effective in establishing smoking status, any need for referral for smoking cessation support, and to enable a conversation around smoke free homes plus any relapse prevention support required.

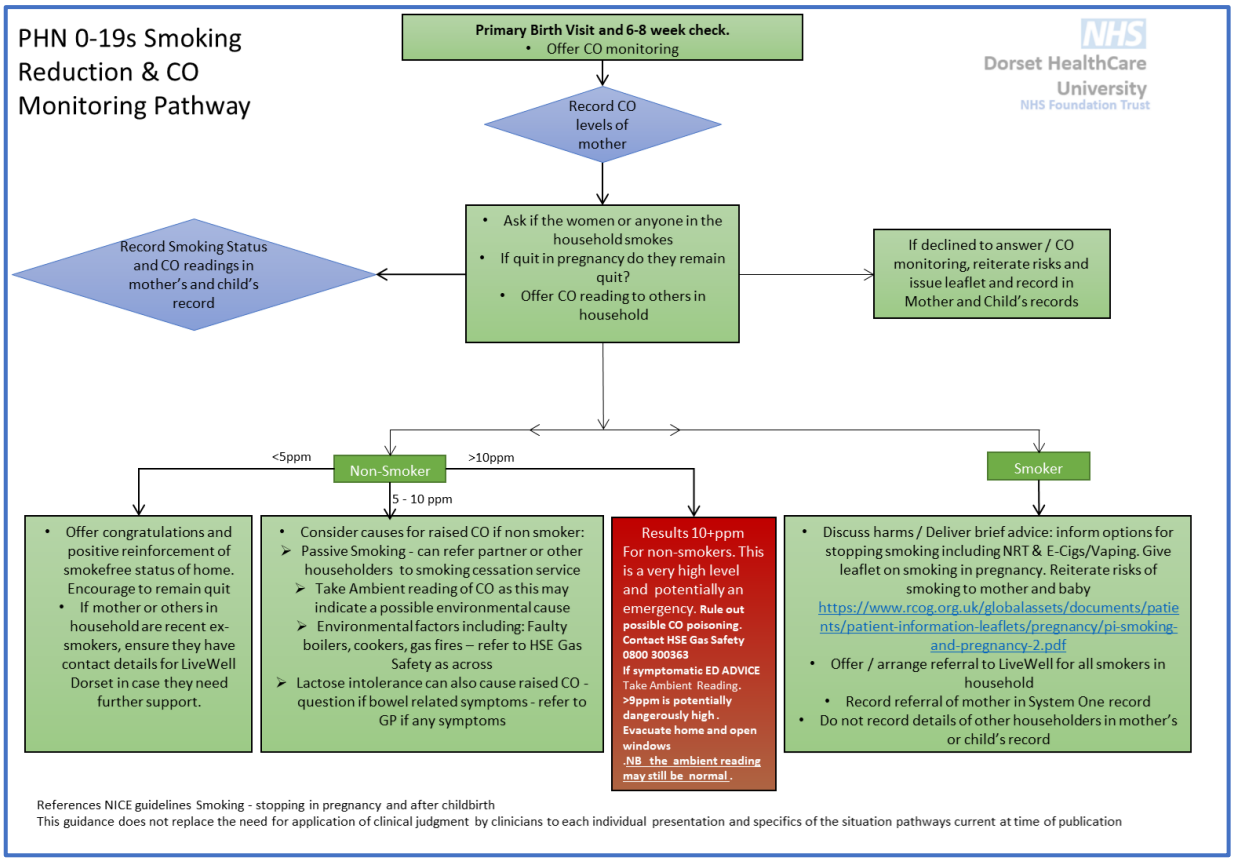
HVs will require training around the use of CO monitoring and how to deliver this part of an effective intervention in smoking cessation and exposure to second-hand smoke. NICE, 2018 also recommend CO monitoring management. (See Appendix 3 for example CO monitoring pathway).

Within the survey HVs felt that CO monitoring could make the most impact for smoke free homes. Ideally all HVs would have their own CO monitors provided (See Appendix 3 for costings).

Antenatal Pathway - example



HV Pathway – example



Training

Standardisation of both appropriate and regular training needs to be in place

Consistent mandatory training for HVs around smoking is key to supporting the successful smoking cessation interventions and the robust implementation of this guidance. HVs across the region reported variable access to smoking cessation training, however it varied in delivery. The gold standard training recommendations below set out a plan to achieve consistency of both the information that is provided, as well as how it is delivered.

Training that is currently provided to HVs is usually very brief advice (VBA) but HVs report that the option to build upon VBA training with a more specialist knowledge and skill set could help with the confidence and knowledge required to support pregnant women and new mothers. HVs need to be trained to assess, support, and record the smoking status of new mothers.

See Gold Standard below:

Gold Standard Training Pathway:

- At least 90% of all staff trained in NCSCT online antenatal training, followed up with inhouse face to face training, provided by local stop smoking services (to include NRT, Vape products) to also include the appropriate referral pathway in place for that area.
- Local system review to ensure that referral pathway works – as part of the local training – the referral system needs to be easily accessible for all. No logins / instantly accessed in the home, during a family visit. The introduction of a receipt / improved patient record/communication after completing the referral as part of ongoing system progress (example Appendix 4).
- Core HV champions identified within local teams to attend specialised face to face training, organised by either the IHV training platform, or via Lisa Fendall / Hilary Wearing. A minimum of 1 champion per HV locality. Champion to sit on local tobacco network, as associate member and feedback on staff training records/challenges etc.
- Annual follow up training / refresher training provided by inhouse training (local stop smoking service / Lisa Fendall / Hilary Wearing).
- Audit / quality assurance provided inhouse / referral review based on quarterly monitoring.
- All HV's to be issued with CO monitors (included as part of training)
- All HV's to be able to recommend NRT / vape offer (to be agreed locally) – via a recommendation form that is either taken directly to pharmacy or via electronic form / direct supply as agreed by each locality depending on areas / locality commissioning contracts.
- Resources – to be agreed / digital offer as well as paper format.

Resources

Access is needed to appropriate resources in various formats to meet requirements

Our recommendation is that a South West generic Smoke Free Home leaflet should be produced for all units/areas to share with families as this would ensure consistency although local details could be added. It was agreed that a leaflet could be used to ensure that the information reached all parents and carers as some may be digitally excluded or not have ready access to the internet, although the leaflet could be available online with the option of alternative formats if required. A Smoke Free Home information pack should also be produced locally to include information covering the following areas (not exclusively):

Local Stop Smoking Services:

Information and contact numbers for the local stop smoking service.

Smoke Free Home leaflet:

smoke free homes leaflet (whwcornwall.co.uk)

Smokefree Homes leaflet (rbkc.gov.uk)

housing info book.indd (ash.wales)

Second hand smoke information/leaflet:

SecondhandSmoke.pdf (ash.org.uk)

Vaping Information:

vaping leaflet A5 v5 (ash.wales)

NCSCT OHID e-cig v7.pdf

ASH resources on youth vaping - ASH

Vaping: The Facts | Smokefree Sheffield

Nicotine vaping in England: 2022 evidence update - GOV.UK (www.gov.uk)

Risks to baby of smoking:

Smoking and pregnancy patient information leaflet | RCOG

fact-sheet-smoking.pdf (lullabytrust.org.uk)

pregnancy-csf.jpg (1444×2048) (ash.wales)

Smoking and your Baby - Advice for Parents (smokefreeaction.org.uk)

Social smoking risks:

social-smoking-csf.jpg (1444×2048) (ash.wales)

Carbon Monoxide testing:

Carbon Monoxide Pregnancy A5_Leaflet_02_17.pdf (hscni.net)

Smoking-in-pregnancy-infographic-2.pdf (smokefreeaction.org.uk)

Carbon Monoxide (CO) Screening: Advice for Health Professionals:

Smoking and pets:

Passive smoking and our pets - PDSA

smoking-poster-oct18-3.pdf (louth-vets.co.uk)

Referrals

Easy access for HVs to refer directly into local stop smoking services is necessary

It was identified that not all HVs have access to direct referral to local Stop Smoking Services for women. This can cause delays and missed opportunities and within the survey it was felt that this access would improve both relapse and quit attempts.

Data collection and monitoring

Local arrangements need to be in place which may include Data Sharing Agreements between services to ensure that all data as agreed is captured. This may include:

- Smoking status at booking
- Smoking status at delivery
- Smoking status at handover from midwifery service to HV service
- Referrals to local stop smoking services
- CO monitoring status
- Opt out information for those not wishing to attend be referred
- Smoking status at HV antenatal visit, new birth visit,6-8 week visit and 12-month check
- Smoke free homes status (locally agreed)
- Parent/caregivers surveys
- Further HV and midwives' surveys

Suggested Monitoring:

This list is not exhaustive and individual services will need to evidence the monitoring method within their own SOP to ensure that the recommendations above are met.

Objective:	Measurement:	Frequency:
• Improving the communication between Midwifery and Health Visitor (HV) teams	• Services adoption of standard maternity smoke free passport • Regular MDT meetings in place between midwives and HV services • Survey HVs re communication with midwives • Survey Midwives re communication with HVs	• Quarterly • Annually • Annually • Annually
• Reducing the risk of relapse, where parent/caregiver has recently quit smoking	• Smoking at delivery rates compared to smoking at 12 months post-partum (HV to ask question)	• Quarterly
• Increasing the proportion of children living in parents/caregivers reported smoke free homes	• Recording by HV of numbers and % of children where smoking status in the home is recorded at each visit	• Quarterly
• Increasing the number of HV services carrying out Carbon Monoxide (CO) monitoring	• Reporting of carrying out CO monitoring as part of service	• Annually
• Increasing the frequency of CO monitoring	• Capture the number of HV services where at least 85% of post-partum women are being monitored at 6/8-week check • Reporting of CO monitoring at all visits	• Quarterly • Annually
• Improved raising awareness of the risks of second-hand smoke to children	• Survey parents to see if being discussed and their awareness • Record if HVs are discussing second-hand smoke	• Annually • Quarterly
• Increased referrals to local stop smoking services	• Monitor the number of referrals to local stop smoking service by HVs	• Quarterly
• Enhanced smoke free training for HVs	• Monitor that 90% of HVs receive mandatory training as recommended	• Annually

Background

In the UK, smoking is the largest modifiable risk factor for poor birth outcomes and is a major cause of inequality in child and maternal health (DoH, 2017). Pregnancy acts as a strong motivator for smoking cessation, with more women quitting during pregnancy than at any other time in the life course. Sadly, of those women who manage to quit smoking during pregnancy, approximately 3 in 4 returns to smoking within the first 6-months of their baby's birth. Around 20% of women (smokefreeaction) are also exposed to second-hand smoke in their home throughout their pregnancy and in the postnatal period, leading to many of the same adverse health outcomes experienced by women who smoke (Jones et al., 2016). Furthermore, children of smoking mothers are twice as likely to become smokers themselves, thus maintaining the cycle (Leonardi-Bee et al., 2011).

Women in the postnatal period are particularly vulnerable to smoking relapse due to a multiple of factors (Orton et al., 2018) and returning to smoking has substantial health and cost implications. Infants exposed to second-hand smoke have a higher incidence of sudden infant death, respiratory conditions and other infections as well as learning difficulties, ear, nose and throat problems, obesity and diabetes (RCP, 2010).

Impact of smoking in pregnancy (NHS Long Term Plan 2019)

	Maternal smoking	Second-hand smoke exposure
Low birth weight	Average 250g lighter	Average 30-40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24-32% more likely	Possible risk
Preterm birth	27% more likely	Increased risk
Heart defects	50% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

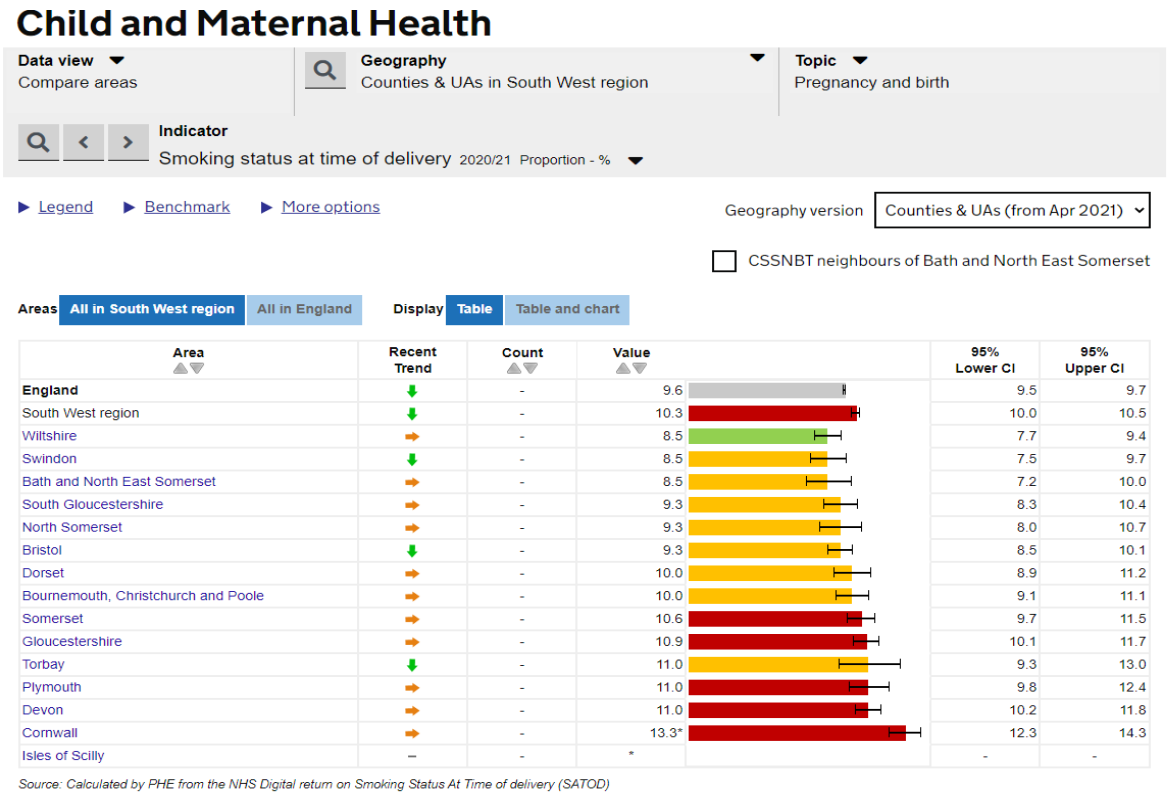
Source: Action on Smoking and Health. Smoking in pregnancy challenge group. Review of the Challenge 2018. July 2018.

In 2020/21, 9.5% of women in England were smoking at the time of delivery (NHS Digital), this is approximately 51,000 babies being born to pregnant smokers. Women from disadvantaged backgrounds and younger women are more likely to smoke before pregnancy; less likely to quit in pregnancy and, of those that quit are more likely to resume after childbirth (RCPCH 2020).

South West Data

Within the South West there are vast differences between local authorities ranging from 11% in Torbay, Plymouth and Cornwall to 8.5% in Wiltshire, Swindon and Bath and North East Somerset.

See graph below:



Child and Maternal Health

Data view: Compare areas | Geography: Counties & UAs in South West region | Topic: Pregnancy and birth

Indicator: Smoking status at time of delivery 2020/21 Proportion - %

▶ Legend ▶ Benchmark ▶ More options

Geography version: Counties & UAs (from Apr 2021)

CSSNBT neighbours of Bath and North East Somerset

Areas: All in South West region | All in England Display: Table | Table and chart

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	9.6	9.5	9.7
South West region	↓	-	10.3	10.0	10.5
Wiltshire	→	-	8.5	7.7	9.4
Swindon	↓	-	8.5	7.5	9.7
Bath and North East Somerset	→	-	8.5	7.2	10.0
South Gloucestershire	→	-	9.3	8.3	10.4
North Somerset	→	-	9.3	8.0	10.7
Bristol	↓	-	9.3	8.5	10.1
Dorset	→	-	10.0	8.9	11.2
Bournemouth, Christchurch and Poole	→	-	10.0	9.1	11.1
Somerset	→	-	10.6	9.7	11.5
Gloucestershire	→	-	10.9	10.1	11.7
Torbay	↓	-	11.0	9.3	13.0
Plymouth	→	-	11.0	9.8	12.4
Devon	→	-	11.0	10.2	11.8
Cornwall	→	-	13.3*	12.3	14.3
Isles of Scilly	–	-	*	-	-

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)

Second-hand smoke exposure

Tobacco smoke contains thousands of toxic chemicals and many of these are more concentrated in second-hand smoke, of which 85% is often odourless and not visible to the naked eye in a room (nhsinform). This exposure to second-hand smoke both before, during and after pregnancy can lead to the same adverse birth outcomes experienced by women who smoke whilst becoming pregnant.

National Guidance

Reducing exposure to tobacco smoke in pregnancy and in the postnatal period is an important goal worldwide (WHO, 2013) and is identified as one of the maternity high impact areas (PHE, 2020).

There are a number of national policies and guidelines for maternal smoking during pregnancy, including; NHSE 'Saving Babies Lives Care Bundle' (SBLCB) (NHSE, 2019), the National Institute for Health and Care Excellence (NICE) 'Tobacco: Preventing Uptake, Promoting Quitting and Treating Dependence' (NG209) (NICE, 2022) and the National Centre for Smoking Cessation and Training (NCSCT) 'Standard Treatment Programme for Pregnant Women' (NCSCT, 2019), as well as the heavily funded NHS Long Term Plan Tackling Tobacco Dependence (NHS LTP TTD) (NHSE, 2019) in maternity programme, which aims to support those who are pregnant and smoking to overcome their tobacco dependence to provide improvements in theirs and their families health, reduce health inequalities

and decrease demand on services. This support should complement existing LA funded stop smoking services.

Reducing stillbirths and neonatal deaths is a national priority as part of the Saving Babies' Lives Bundle (NHSE 2016, 2019), with reducing smoking in pregnancy recommendation that all women should be monitored for CO exposure (a marker for smoking) and asked about their smoking status at their maternity booking appointment as part of the maternity pathway, with smokers referred to specialist stop smoking support services. This is being introduced across services and being established following the impact of Covid-19. The CO testing should then be repeated at 36 weeks with onward referral if necessary, and training on CO monitor use and Very Brief Advice (VBA) for all relevant maternity staff.

Project Follow up:

It is recommended that following the introduction of the above recommendations that the project is reviewed with a repeat Health Visitor benchmarking exercise across the South West within 2 years of implementation.

Appendix 1

Summary of SFHP HV survey responses – June 2022

40 Health Visitors completed the survey across 12 LA areas with no HV responses from one LA only. . 5 LA's submitted only one response. 5 LA's submitted between 2 and 5 responses and 2 LA's submitted more than 5 responses. **This may limit and reflect some overall assumptions.**

Key themes identified:

Information sharing:

During pregnancy 88% received information from the midwives about the smoking status of the mother to be but not always about the partner smoking status, if the mother is an ex-smoker, any others smoking in the household, vaping and what support is in place.

Very little information is shared postnatally and often only about the mother currently smoking.

Very little information is shared about the support that has been given or being given to the mother to be/mother.

Recommendation*: Timely and meaningful information needs to be shared between midwives and health visitors via a discharge or handover process (? Electronically).*

Health Visitor pathway for supporting stop smoking:

Only 2 areas had an established pathway in place but everyone supportive of a quality SOP/Guideline for clarity. Only Dorset currently proving CO monitoring postnatally, however many HVs felt that testing would support the smoke free homes and that they had opportunities to do this within the current mandatory visits.

Recommendation: *Pathway to be agreed and implemented where possible but to include CO monitoring*

Training:

Training was identified as an issue with a lack of regular mandatory training in place and limited. If training in place then usually VBA, but recognised that further training around NRT, TTD, Smoke Free Home and Vaping would add value.

Health visitors often have the prescribing qualification but are unable to utilise this for NRT. No services are currently prescribing any NRT.

Smoke Free Champions within Health Visiting would align with Maternity services and support services assisting with training where possible.

Only 37% of HV felt confident/fairly confident in advising someone on vaping, safety and cessation.

Recommendation: *Appropriate regular training to be in place including aspiring to NRT prescribing*

Referrals:

Not all services were able to refer directly to smoking cessation services.

Recommendation: *HV to be able to refer directly*

Resources:

Smoke free homes are discussed at mandatory visits 95% of the time although this information is not always recorded, but many HV felt that further information and resources were required.

Recommendation: *Information resource packs to be produced and provided for some households where appropriate*

Appendix 2

CO Monitor Costings 2022 (approx. as depends on no. tests per birth and no. of HVs in service):

ANNUAL COSTS PER HV	Smokerlyser (5 year life no calibration needed)	D-Piece pack (12 per pack)	**TOTAL**
	£149 each	£29	**£178 per HV**
CONSUMABLE COSTS PER TEST	Steribreath mouthpieces (200 per box 1 per test)		
	£18		**£90 per 1,000 tests**

Appendix 3

Smokefree Referral Outcome Report

Thank you for referring **XXXXXXX** Date of Birth**: xxxxxxx** for smoking cessation support, please find below the outcome of your referral.

Smokefree North Somerset has had the following outcome with the referred patient:

☐ We have been unable to reach the patient

☐ The patient has declined our service.

☐ The patient has been sent information as requested.

☐ The patient is already vaping, which counts as Smokefree. (We do not support patients to quit vaping as this is a useful tool to prevent relapse to tobacco and is 95% safer than tobacco).

☐ The patient has now QUIT smoking tobacco. This may include a switch to vapes (non-CO producing)

☐ The patient is receiving support to stop smoking from the Smokefree Team

NOTES:

Please add this information to your patient's notes to prompt further discussion of the benefits of smoking cessation during pregnancy.

To re-refer a patient or a patient's family member please do so via:

https://northsomerset.referral.org.uk/selfrefer

Thank you for your continued support.

Specialist Maternal Smokefree Advisors
Public Health Lifestyle Advisors – Maternal and Early Years
Smokefree North Somerset
Tel: 01275 546 744

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