

# Me Time

Improving smoking cessation by  
pregnant women

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Council

- Lead for tobacco control (including commissioning of services)
- Workplace health
- Health champions
- Active travel



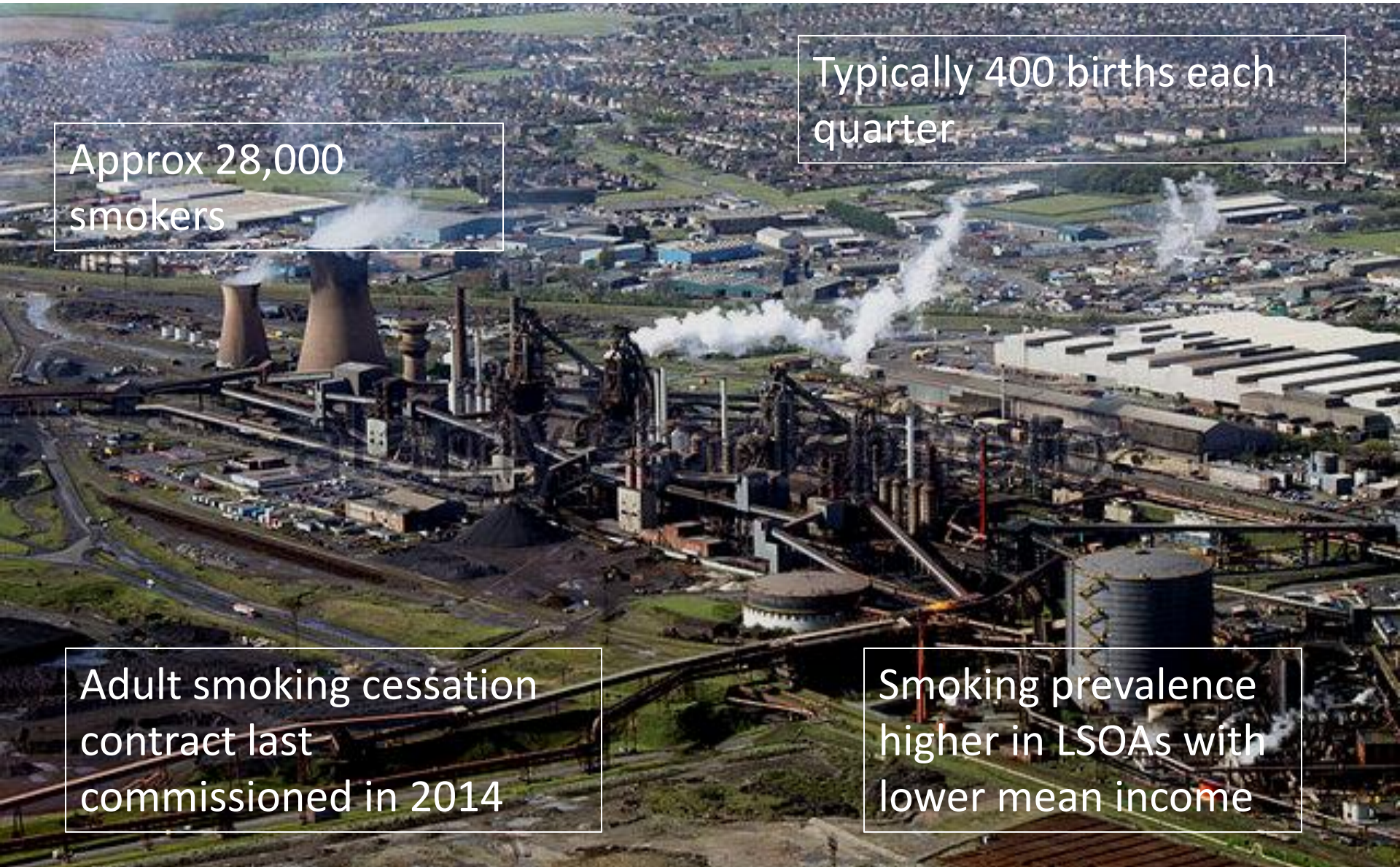
# Background

Approx 28,000  
smokers

Typically 400 births each  
quarter

Adult smoking cessation  
contract last  
commissioned in 2014

Smoking prevalence  
higher in LSOAs with  
lower mean income



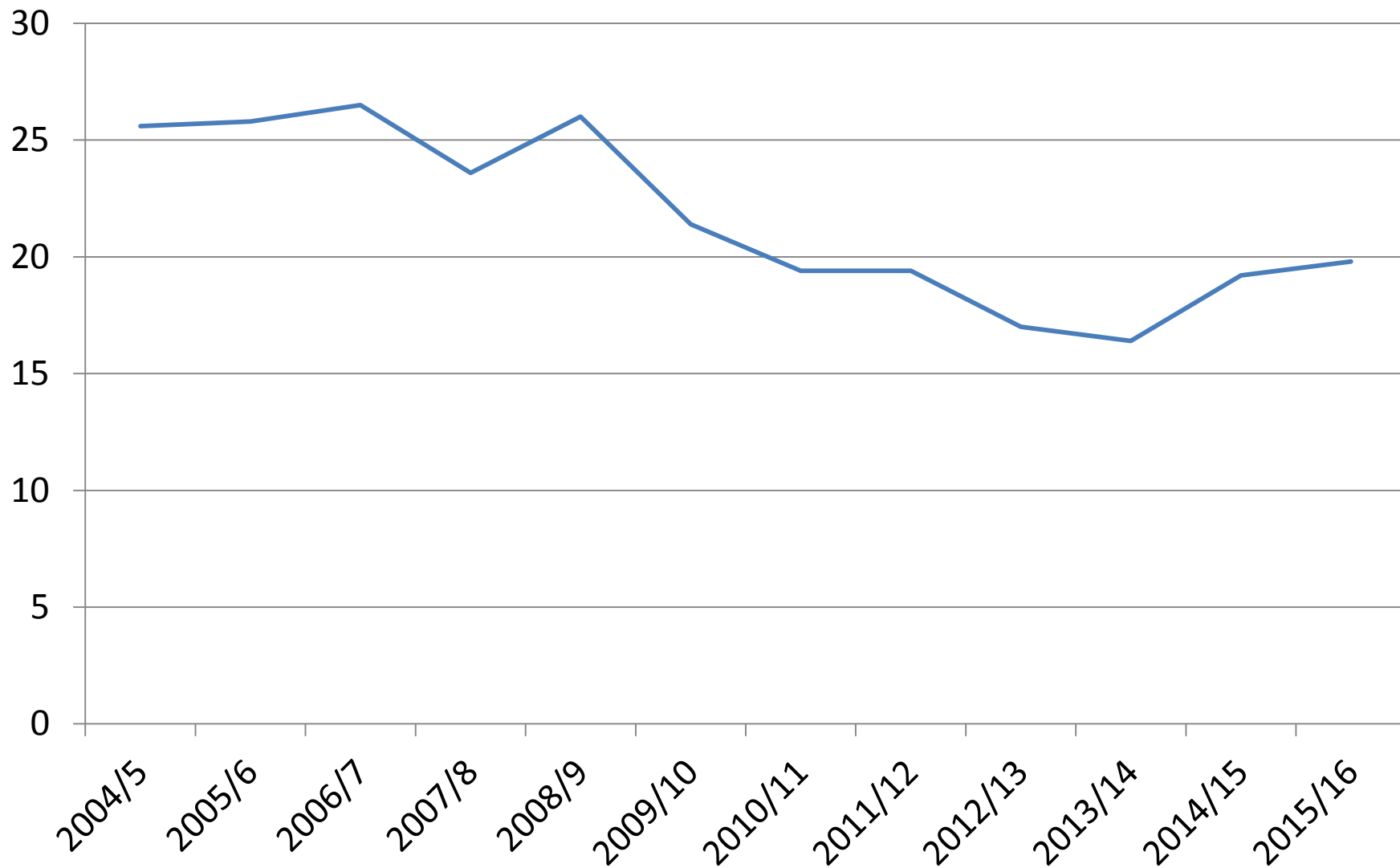
- Re -commissioning of service 2014
- Gradual improvements in reach and performance – exceeding target
- Improvements were not seen in SiP

How not to support pregnant smokers  
to quit

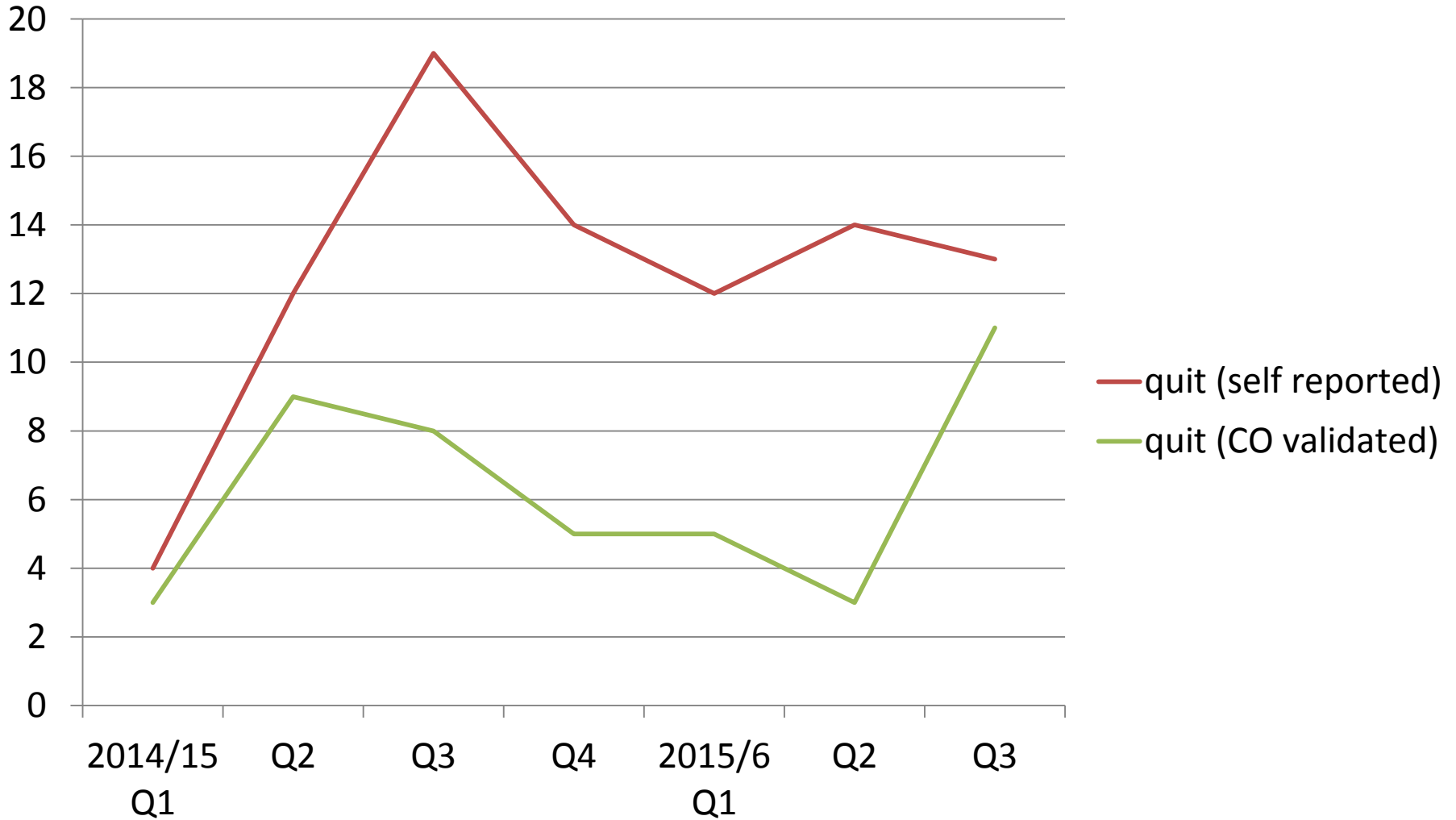
or

A fairly reasonable way to support  
pregnant smokers to quit

## % smoking at time of delivery



# Performance before remodel



# The problems

- Too few women being referred to service
- Too few women taking up offer of support
- Too few women staying with quit programme
- Too few women successfully quitting
- Low CO validation ratio
- Too many women relapsing before delivery (assumed but unknown)



# Existing service model

- One Pregnancy 'specialist'
- Protective of work area
- Lack of rapport
- Concentrating on 4 week quits

# We wanted...

- To offer support that a wide range of women would want
- To support women right up to the point of delivery (and beyond)
- To make it as easy as possible to attend

# Research and engagement

- S4H already had a body of knowledge from its work in The Wirral
- Local Service manager engaged with pregnant smokers around this model

# Video

# Performance before and after remodel



# benefits

- More pregnant women stopping smoking
- Improved mental wellbeing and social interaction
- Forming of new peer groups
- Cessation up to point of delivery
- Improved health literacy
- Benefits to staff

# Next steps

- Carry the learning from this into our new service model
- Ensure support is retained post pregnancy
- Increased support to partners
- Develop peer champions