Smokefree pregnancy and beyond - A service evaluation

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Time to try something new?

- Doncaster's smoking at delivery rate had remained consistently high and shown little to no improvement in over 5 years

- Opportunity to re-design the smoking in pregnancy service using an innovative model we don't believe has been used before

New service model

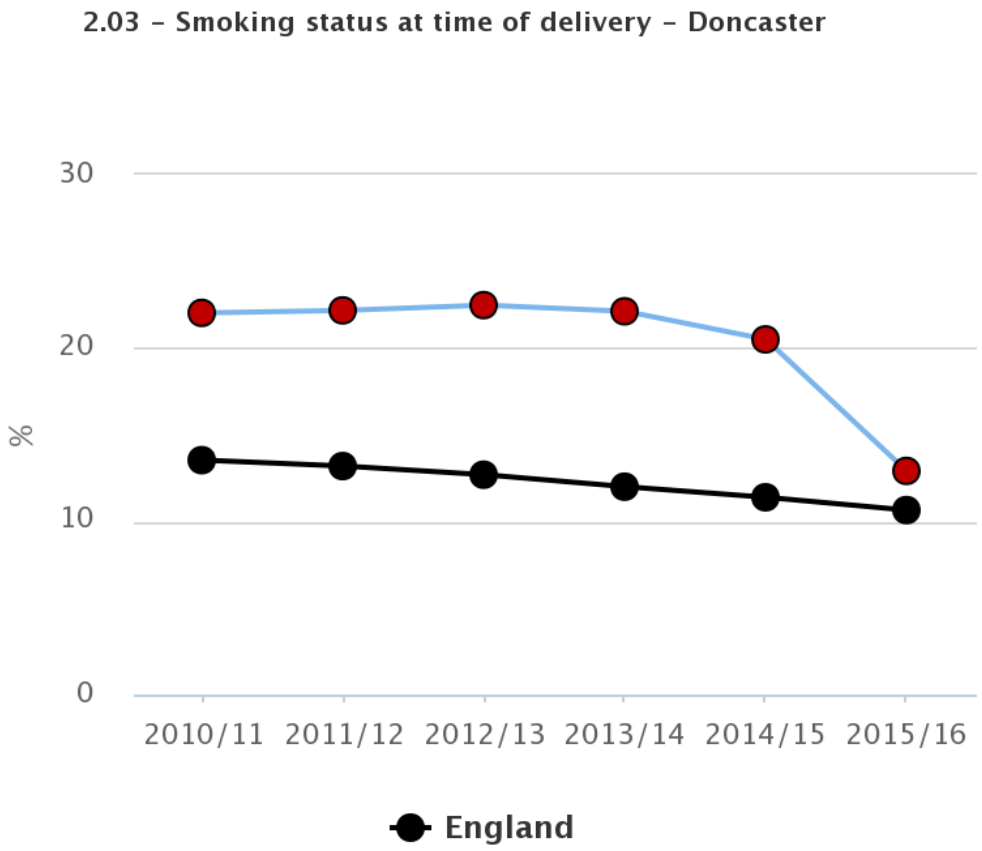
The redesigned model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams

- Engagement with women and their families supported by the nature and length of the health visitor-patient relationship
- Smoking advisors are able to liaise with the named health visitor for each family providing a direct contact for support and information sharing
- Focus of the stop smoking service moved away from the historical 4 week quits, in preference for a sustained quit
- Long term support to reduce the exposure of infants to second-hand smoke within their environment.
- Incorporation of smoking cessation services in the delivery of the Health Child Programme

New service model

- Opt out service that continues to offer support to engaging and non-engaging clients up to the child's first birthday.
- Referrals are received from the midwifery service at booking and specialist advisors attempt to engage with clients from this point.
- Clients are offered face to face sessions in an environment (home, Children's Centre, GP surgery, hospital etc.) and at a time (including opportunity for late night appointments) of their choice.
- Strength based practice is employed in order to work in collaboration with the family to identify strengths and protective factors to build their resilience and capacity to change.

What does the data tell us?



Period	Doncaster	Y&H	England
2010/11	22	16.9	13.5
2011/12	22.2	16.4	13.2
2012/13	22.5	16.5	12.7
2013/14	22.1	16.2	12.0
2014/15	20.5	15.6	11.4
2015/16	12.5	14.5	10.6

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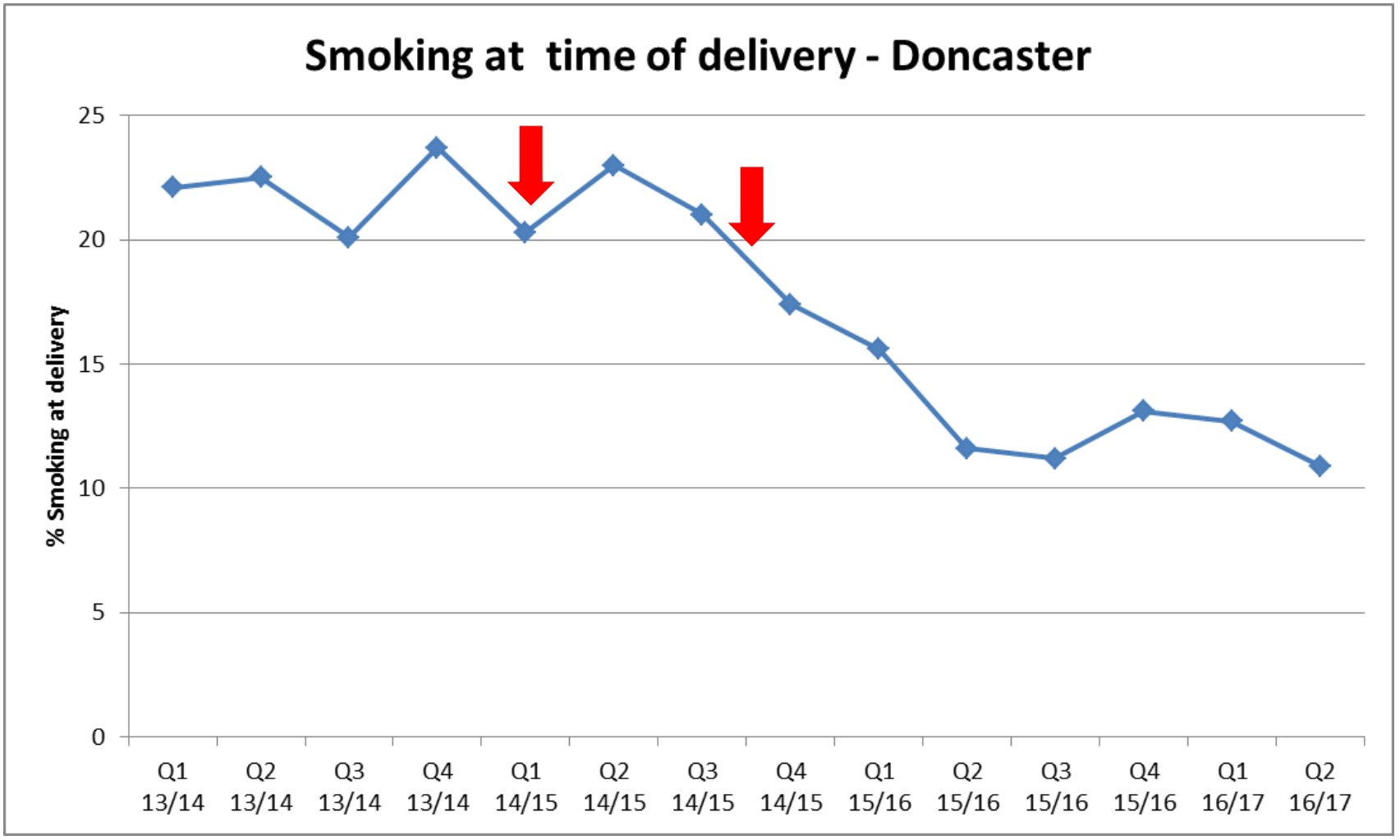


Something seems to be working…

DMBC commissioned Sheffield Hallam University to evaluate the service on the following:

- Smoking cessation outcomes and behaviour change processes among antenatal and postnatal service users.
- The lived experiences of antenatal and postnatal service users with respect to barriers and facilitating factors for smoking cessation, and the overall use of the service.
- Staff perceptions with respect to quality assurance, training needs, and overall evaluation of and satisfaction with their role in the service.

Model of Service Evaluation

Smoking cessation as a "process" encompassing:

- Users' lived experiences
    - Overall impressions of using the service
- Effects of the service on key psycho-social outcomes
    - How has using the service changed users' beliefs, motivation and efficacy for quitting smoking (and staying smoke-free) during and after pregnancy?

Methods

- **85 antenatal** and **25 postnatal** service users completed anonymous questionnaires

- **10 service users** (9 antenatal/1 postnatal) were interviewed about their lived experiences of using the service, and the barriers and facilitators to smoking cessation

Antenatal users - Smoking characteristics

Smoking status

- 60.2% daily smokers
- 9.6% occasional smokers
- 28.9% quitters

Past quit attempts and nicotine dependence

- Most of the participants (67%, *n* = 50%) had tried to quit smoking one to two times in the past; 21% (*n* = 17) never tried to quit; and 17.3% (*n* = 14) tried to quit smoking more than 3 times in the past
- 42.8% had low to moderate dependence

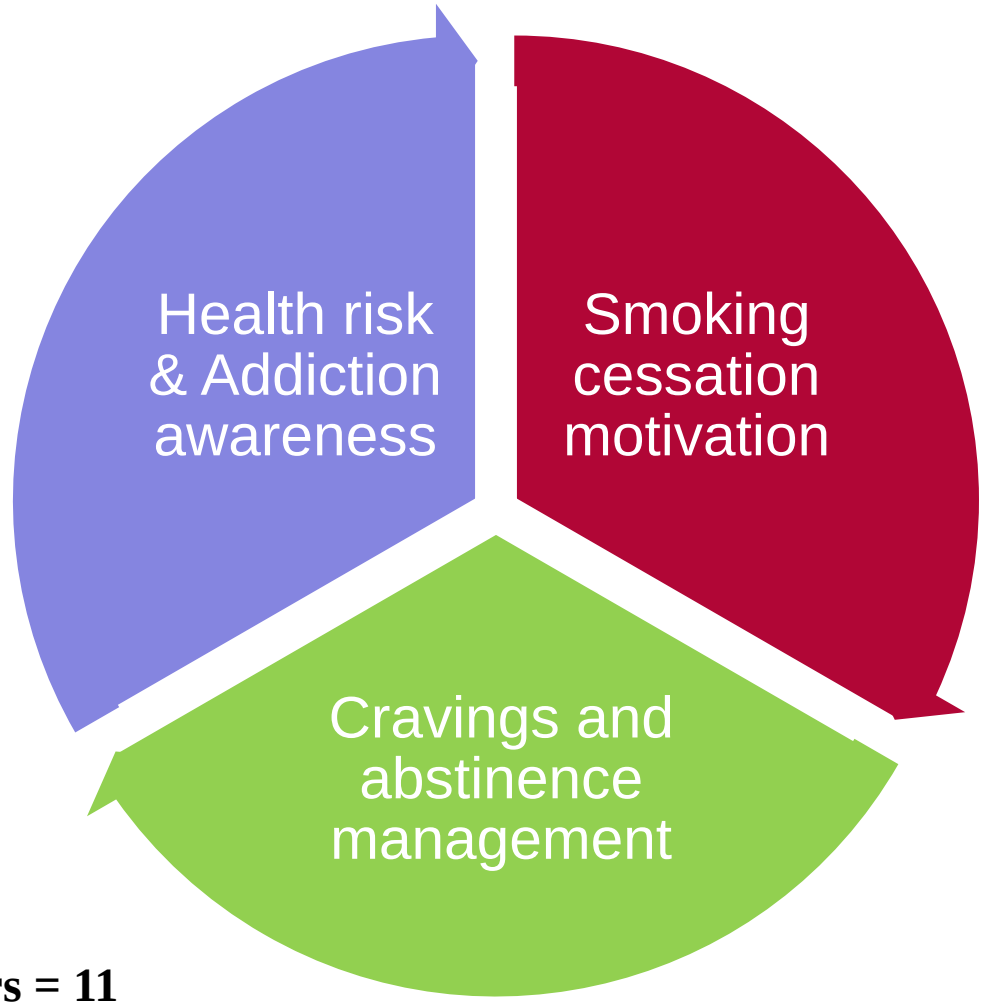
What drives antenatal service users' motivation to quit?

Linear regression analysis: Adjusted R^2 = 66.7%

Controlling for:

- **Age**
- **N of cigarettes before pregnancy**
- **Age at smoking initiation**
- **N of past quit attempts**
- **Heaviness of smoking**
- **Attitudes**

Effects of using the service on postnatal service users



Quitters = 11
"Relapsers" = 2
Sustained smokers = 11

How do they differ?

Postnatal "relapsers" and sustained smokers had significantly lower scores than quitters in:

Smoking cessation motivation

- Planning quitting
- Effectively quitting during pregnancy
- Refraining from smoking after birth

Cravings and abstinence management

- Recognize and effectively manage smoking cravings
- Feel strong and able to quit smoking during and after pregnancy

Lived experiences

- Overall positive impressions from using the service
- Effective, open and sincere communication of service users with service advisors
- Service users trust and appreciate the expertise of service advisors

Lived experiences

Facilitating factors for quitting include:

- Avoiding certain situations and people that could trigger smoking cravings/smoking uptake.
- **Encouragement and support from family, significant others, and friends.**
- **Partner/spouse reducing or quitting smoking.**
- Support from the SFPB service/smoking cessation advisors (e.g., with scheduled appointments, monitoring progress and providing feedback, and encouraging quitting).
- Easy access to the SFPB service and flexible appointments at the clinic or at home.
- Accessibility of, and adequate information and guidance about using smoking cessation aids (e.g., inhalers, patches).

Lived experiences

Barriers to quitting include

- **Stress from work or family issues.**
- A lack of perceived negative/aversive experiences arising as a result of smoking in the past (including smoking during previous pregnancies).
- **Difficulty visualising the self as a non-smoker/adopting the non-smoker's identity.**
- **Difficulty in being around people who smoke while trying to quit, including friends and family members who smoke.**
- **Friends and family smoking.**
- Use of alcohol - where alcohol was habitually associated with smoking before the pregnancy.
- **Difficulty in managing cravings, and in coping with challenging situations that may induce cravings (e.g., craving for cigarettes following exposure to other people who smoke).**
- Difficulty in changing the routine and old habits (e.g., a client commented that instead of cigarettes with coffee it was "coffee and spray", and this was hard to learn to do).

What does this mean for service development?

- Smoke free in the post natal ‘smoke-free ‘ identity
- Capitalising on motivation to quit
- Remaining Smoke free
  - Coping mechanisms/mental wellbeing
  - Cravings management

What does this mean for service commissioning?

- Weaving into 0-5 pathway – smoke free as part of healthy child programme delivery
  - Build into healthier lifestyle approach as a whole
- Whole family approach
- Linking to other support services
- Wider promotion need re: dangers of smoking around infants/children

Thank you

Questions?

Doncaster
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