Healthy Pregnancy at Scanning: A locally driven project for smoking cessation in pregnancy

Roberts, Trudie

http://hdl.handle.net/10026.1/19720

https://doi.org/10.24382/d3g4-9056
South West Clinical School Journal
University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.
Background
Smoking in pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in England (ASH 2016). Treating mothers and their babies for smoking related problems during pregnancy is estimated to cost the NHS between £20 million and £87.5 million each year. (ASH 2018)

Cornwall has high deprivation levels with the annual wage £5,000 less than the national average, over 36% of homes in poor condition, 14% of families living in fuel, and high smoking rates in pregnancy poverty (Ministry of Housing Communities and Local Government. 2019). Smoking by partners and family members impacts on pregnancy outcomes; exposure to second-hand smoke is an established risk factor for premature birth, low birth weight and Sudden Infant Death Syndrome (NHS England 2019).

Method
‘Healthy Cornwall’ Pregnancy Advisors work in partnership with RCHT maternity and a pioneering ‘Healthy Pregnancy at Scanning’ initiative has developed. This aims to provide universal health improvement, addressing wider socio-economic causes of poor health and wellbeing.

The team provides immediate face-to-face support to women, their partners or family members following their 12-week scan. Trained advisors sensitively deliver brief evidence-informed interventions as per National Guidance (Lindson et al 2019). Whilst the core intervention focus is smoking cessation, carbon monoxide exposure and weight management, the intervention also provides space to explore factors that underpin health and wellbeing. Conversations may include myth-busting or clarification; motivational support and guidance or signposting to reliable community services. The range of topics discussed reflects the innovative ethos of this provision. Health improvement is considered in its widest form including immunisations; housing advice; quit smoking and benefits of vaping; food banks; maternity rights and fuel poverty. This imaginative delivery style, supporting local and national public health campaigns, reflects on the barriers or circumstances that can challenge an individual’s ability to make healthier lifestyle choices. Importantly this extends to mental health and emotional wellbeing, the vulnerabilities of hard-to-reach groups and those living in poverty.

Results
Data shows 1,153 pregnant women engaged with this initiative (1st April 2019 – December 31 2019), and 943 partners and family members were supported, empowering and motivating whole families to lead healthier lives. Women’s smoking rates at delivery fell from 16% to an all-time low of 10.6%. Non-smoking women with raised CO levels (n=27) were investigated and issues
resolved. 23% of partners seen at scanning identified as smokers, and 15% set quit dates, highlighting the importance of including partners in pregnancy health improvement.

Conclusion
This initiative has potential to reduce smoking and to improve the future health of women, babies and families.

References


This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 International (CC BY-NC-SA 4.0) licence (see https://creativecommons.org/licenses/by-nc-sa/4.0/) which permits others to copy and redistribute in any medium or format, remix, transform and on a non-commercial basis build on this work, provided appropriate credit is given. Changes made need to be indicated, and distribution must continue under this same licence.