

Tameside Midwife Led Stop Smoking Service, 2015 Evaluation of effectiveness

Background

It is acknowledged that supporting pregnant women in Tameside, to consider stopping smoking, is a high priority public health target. The reduction in smoking by this group leads to great benefits for women, children and their families.

Tameside has smoking rates among pregnant women that are higher than the average for England. In order to address this, Tameside established a midwife led stop smoking service in 2013 dedicated to supporting pregnant women. An evaluation has been conducted to assess the effectiveness of the service and how it compares with Tameside's stop smoking service in relation to this particular group. The evaluation will be used to inform future support to pregnant women to support them to quit.

The evaluation objectives

Briefly the evaluation of the Midwife Led Stop Smoking Service was designed to uncover a number of processes and outcomes that would establish the need for this type of service to meet the needs of very vulnerable pregnant women who otherwise would not engage with Stop Smoking Services.

Key aspects of the evaluation included:

- The referral process
- The level of support provided and the impact of the service
- The additional benefits acquired from the service

The evaluation of the service enquired into the views of pregnant women and their families, the health care professionals involved including the Stop Smoking Midwife, and a review of the outcome data. A mixture of methods were used which included focus groups, one to one interviews, telephone interviews and posted questionnaires to obtain both qualitative and quantitative data .

The view of health professionals

A review of health professionals views concluded that the new Midwife Led Service was successful and of value. The main reasons given to support these views were:

- The Midwife role is particularly important as it was acknowledged that pregnant women could relate more easily to a midwife, as they felt she understood their situation and this facilitated deeper discussions and allowed plans to be made to reduce smoking.
- The way in which this new service was delivered accommodated a very flexible approach and this was beneficial for this particular group of vulnerable pregnant women who had many additional pressures.
- The ability of the Midwife led service to offer on-going support in women's own homes was seen as very attractive as was an unspecified time-plan for support.
- The midwife led service was supported well by Tameside General Hospital and the Stop smoking Service and this has led to a successful period of activity since 2013.

View of the pregnant mums who have received help and support

A group of pregnant women and family members attended a lunchtime focus group and a further four women were spoken to on the telephone. The main points that were articulated about the Midwife Led Service were:

- The stop smoking midwife's greater understanding of their needs in pregnancy.
- The helpful and non-judgemental way in which the support was offered.
- The fact that the dangers and risks of smoking were clearly spelt out (and accepted).

Statements from pregnant women:

'I did not want to go the Stop Smoking Service but the midwife rang me anyway and this was the reason I gave it a go – I felt she would know my needs'.

The Midwife's approach was incredibly encouraging. She had lots of alternatives on offer as well as her extensive knowledge on the subject.

The outcomes compared

The outcomes from the data show slight variation in results between the Midwife Led and Core Stop Smoking Services. Please see data flow chart at the end of this report. The Core Stop smoking Service have a 75% successful 4 week quit rate compared to 85% for Midwife led Service. However a review of the 12 week quit successes shows that approximately 10% more women remain smoke free who were supported by the Core Stop smoking Service (see Appendix 1 below). This may reflect a number of factors such as:

- Women who accepted the support of the Midwife Service initially refused support from the Core Service and therefore may have been less 'ready to change.'
- The healthy pregnancy focus may play a part as it is well acknowledged that the state of pregnancy is an external motivating factor and while it presents an opportunity to quit it is an increasingly stressful time for many women. Those who struggle to quit may find it difficult in the longer term to maintain their behaviour. This is true in Tameside as this service works with the most vulnerable women.

The implementation of the service

It has been clear during the evaluation of the service that the interworking relationship between the new service and the Core Stop Smoking Service has been fairly smooth and efficient. It does appear however that there are some points for observation that could be addressed in the future.

1. All midwives appear to be very comfortable and motivated to refer their pregnant patients to the new Midwife Led service. This is in part due to the accessibility of the Midwife at the hospital and also good working professional relationships. It is important that midwives are supportive and trained to offer the most appropriate referral option to their patients in order that both Stop Smoking Services are used appropriately.
2. To maintain the clear working relationship established between the Midwife Led service and members of the core stop smoking team. As all are specialists in helping pregnant women to stop this will lead to greater shared protocols and a seamless service.

Recommendations for the future

There are four main recommendations for the future of the Midwife Led Stop Smoking Service.

1. Referral protocols – It has been highlighted in the evaluation that, on occasions the recognised referral pathway has not always been adhered to and that some pregnant women have been directly referred to the Midwife Led Service. This may lead to inappropriate support being offered to some women and others 'missing out' on a more individualised support programme that they require. In addition when the final protocol is agreed all staff would benefit from training in its implementation.

2. The flexible nature of the Midwife led service requires careful management to allow a client led approach whilst maintaining the efficiency of the service with an agreed protocol.
3. The additional benefits or 'added value' of this service are in evidence but not documented. This area would benefit from further reporting protocols to enable the benefits i.e. father or grandmother also quitting to be gathered as data. This will add weight to the value of this service.
4. Consideration should be given as to how testimonials can be given by past service users to other women in Tameside to promote the service in order to encourage more vulnerable pregnant women to consider stopping smoking.

Appendix 1

Women identified as smoking during pregnancy in 2013-14 and their journey where supported by the core or midwife stop smoking services

