

A FRESH APPROACH TO TACKLING
SMOKING IN PREGNANCY IN
LANCASHIRE



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SEPTEMBER 4TH 2012

PROPOSED OUTCOME – BEST START

A future free from tobacco use will mean our children will not die early and unnecessarily from smoking-related illnesses

A Smoke Free Future, Department of Health, 1st February 2010

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ACCELERATE THE DOWNWARD TREND - REALITY

Lancashire PCT 2012 (Q 3)	% of women known to be smoking at delivery (RAG rated against England standard of 15%)
North	18.5% R
East	20.6% R
Central	18.3% R
Blackpool	30.3% R
Blackburn	18.2% R
Lancashire 10/11*	20.1% R

*LCC Child Health Profile 2012

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WHAT NEEDS TO CHANGE TO ACHIEVE OUTCOMES?

- Need more equitable services across Lancashire – currently different referral pathways, varied access to nicotine replacement therapy within an extremely diverse wider population
- Focus on reducing smoking in the R&M groups in deprived communities
- Change the delivery model for those women who continue to smoke during pregnancy as they are more addicted and smoking is the norm
- Ensure midwives are actively engaged/champion the cause – raise the issue throughout ante natal care
- Assure the Smoking at Time of Delivery data (SATOD) – is it giving us a true picture?

COMMITMENT REQUIRED - BOARD MEMBERS

Support the report's priority shifts:

- Establish a project group to oversee the SATOD improvement plan with objective high level scrutiny, oversight and challenge
- Scope and if required change the current maternity and smoking cessation electronic systems to make them fit for purpose within a new agreed standard pathway
- Identify local champions/leads for local implementation
- Design and implement on-going monitoring and evaluation tools with a focus on outcome
- Increase resources in the specialist services to address the unmet needs of women who use tobacco