

Increase the proportion of smoke free pregnancies

Program aims:

- Increase the number of pregnant women who receive CO monitoring at booking from 51% to 90%
- Increase the number of pregnant women who receive CO monitoring at every ante-natal contact from 0% to 75%



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Culture survey

65% response rate

- Extensive debriefing has taken place.
- Action plan is well underway and linked to a staff experience survey which is a wider piece of Trust work.



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The text 'quit for you - quit for two' is in a lowercase, sans-serif font. Below it, the word 'SMOKEFREE' is in a larger, bold, uppercase, sans-serif font. To the right of 'SMOKEFREE' is a small white icon of a person with a heart, and a cigarette with a slash through it is integrated into the letter 'O'.

Plan have the community midwives got access to CO monitoring equipment.

Do The community midwives were all personally phoned.

Study

- 79% had access to a working CO monitor.
- 51% can easily get supplies
- 96% did not need extra training

Act there was a problem obtaining supplies and a significant 21% of midwives did not have access to a monitor.

Extra CO monitors were ordered and distributed.

Each midwife has responsibility for their own ordering of equipment. A flow chart was developed and distributed showing the ordering process



Plan Is CO monitoring performed at booking.

Do Review of notes fortnightly

Study CO monitoring at booking fluctuates greatly from 60-86%.

Act

- messages reinforced and reiterated about the importance of CO monitoring. Helping to embed it into routine care.
- attendance at ward meetings.
- reminder emails.
- personal visits to wards and community areas.
- training links and extra training sessions provided.
- valentine's love heart reminder messages distributed



Plan CO monitoring performed at all ante-natal contacts.

Do Two trial community areas were reviewed for four weeks.

Study Both areas achieved 100% CO monitoring at every contact.

Act

- this proved that the programme aim was achievable.
- reminders were given in order to embed co monitoring into routine ante-natal care at every contact.
- attendance at ward/unit meetings
- training links given and additional training sessions provided.
- Valentine's love hearts distributed.



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Plan Implementation of NRT at the midwifery led units (MLU) of Berwick, Alnwick and Hexham.

Do All 3 midwifery led teams consulted to check willingness to participate in new initiative and training needs identified.

Study All 3 sites checked for availability of safe storage of NRT.

Act

- pharmacy contacted to arrange for NRT to be issued to all mlus and then added to weekly stock list for ease of ordering.
- training commenced to ensure all midwives are competent and fully informed about the safe administration of NRT.
- protocols and training folder including crib cards issued to all MLU's to facilitate the safe practice of administering NRT.



Achievements to date

- CO monitoring at booking now at 60-80% (target 90%)
- CO monitoring at 36 weeks now at 50-60% (target 75%)
- All community Midwives have access to working CO monitors and the relevant spares.
- All midwives are responsible for the ordering of their own replacement equipment and know how this is done.
- The Midwifery Led Units of Berwick, Alnwick and Hexham all have NRT available to administer directly to the women.
- All MLU Midwives have been appropriately trained in the administration of NRT, brief and intermediate advice.
- NRT is available to all inpatients at NSECH, at the Birthing Centre, PAU and ward 16.
- A new electronic referral form for smoking cessation, with mandatory fields for CO level and NRT. Helping as an aide-memoire for maternity staff when giving advice.
- Smoke free Health Trainers now regularly visit all maternity areas at NSECH. Ensuring women and their visitors have access to appropriate cessation advice and NRT. They also deliver training to maternity staff where necessary.
- CO monitoring and NRT administration is included on all preceptorship training for newly qualified Midwives.



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Challenges to date

- Time constraints to manage, implement and move the project forward. Only 7.5 hours of exclusive time per week.
- Maintaining interest and enthusiasm amongst colleagues to continue forward momentum with achieving the project aims.
- Great variation between teams of Midwives at delivering standard health messages and clinical practice. Causing inconsistencies and fluctuation to the results obtained.
- Resistance from individuals to deliver the agreed package of care to smoking pregnant women.
- The length of appointment time in the community is not long enough to effectively deliver all the required care and information that a woman needs. This puts excessive pressure on the Midwives, lowers work satisfaction and increases potential for error.
- Competition from other improvement/health initiatives/campaigns, which takes time away/dilutes time from colleagues focusing on reducing smoking in pregnancy.
- Smoking in pregnancy including CO monitoring and referral pathway, has been taken off yearly mandatory training and now only required as a biennial update.

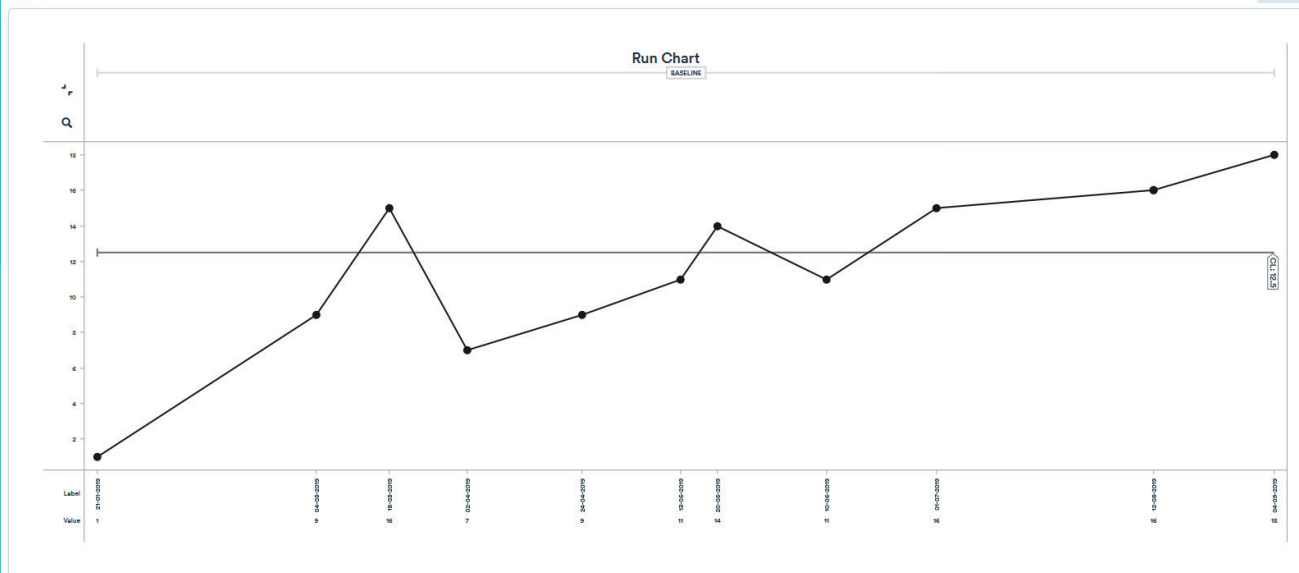


CO monitoring at 36 weeks (CO monitoring at 36 weeks)
Custom / Unknown



Aggregate chart

Edit



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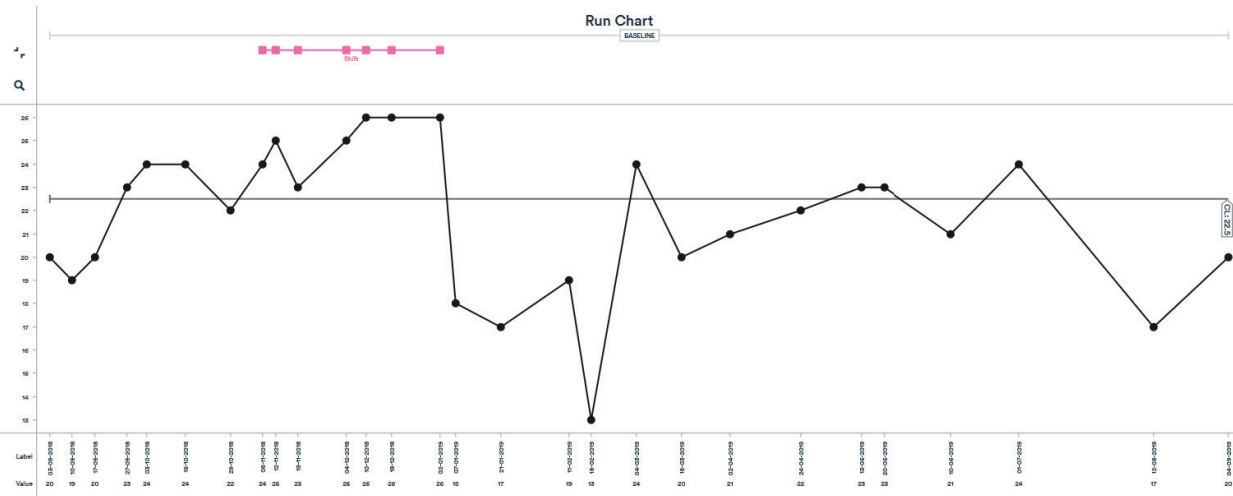
Notes Audit (Notes)

Custom / Unknown



Aggregate chart

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Statistics for CO monitoring performed at 36 weeks

DATE	PATIENTS WHO RECEIVED CO MONITORING (RANDOMLY SELECTED FROM 30 SETS OF NOTES)
21 JAN 2019	1
04 MAR 2019	9
18 MAR 2019	15
02 APR 2019	7
24 APR 2019	9
13 MAY 2019	11
20 MAY 2019	14
10 JUN 2019	11
01 JUL 2019	15
12 AUG 2019	16
04 SEPT 2019	18



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Statistics for CO monitoring performed at booking

DATE	PATIENTS WHO RECEIVED CO MONITORING (RANDOMLY SELECTED FROM 30 SETS OF NOTES)
03 SEPT 2018	20
10 SEPT 2018	19
17 SEPT 2018	20
27 SEPT 2018	23
03 OCT 2018	24
15 OCT 2018	24
29 OCT 2018	22
08 NOV 2018	24
12 NOV 2018	25
19 NOV 2018	23
04 DEC 2018	25
10 DEC 2018	26
18 DEC 2018	26
02 JAN 2019	26
07 JAN 2019	18
21 JAN 2019	17
11 FEB 2019	19
18 FEB 2019	13
04 MAR 2019	24
18 MAR 2019	20
02 APR 2019	21
24 APR 2019	22
13 MAY 2019	23
20 MAY 2019	23
10 JUN 2019	21
01 JUL 2019	24
12 AUG 2019	17
04 SEPT 2019	20

