



**West Midlands
Smoking Cessation in Pregnancy (SCIP) Network
Minutes**

Monday 28 November 2005, 10:00 – 13:00

Perinatal Institute, Crystal Court, Aston Cross, Birmingham B6 5RG

Present:

Jason Gardosi (JG)	Director PI (Chair)
Carmel O'Gorman (COG)	Project Manager, PI; N.Birmingham SSS
Yvette Brook (YB)	Sure Start Tamworth
Christina Charlton (CC)	Health Promotion, Coventry PCT
Annabelle Cooper (AC)	Gloucester SSS
Pauline Evans (PE)	BLT PCT
Ann Fitchett (AF)	S. Birmingham
Sue Gill (SG)	Walsall
Mary Grogan (MG)	Sure Start, Coventry
Sobia Janua (SJ)	East Birmingham PCT
Kathy Lee (KL)	HOBT PCT
Kevin Lewis (KL)	Shropshire & Telford PCT
Sue Randall, (SR)	Warwickshire Stop Smoking Service, S. Warks PCT
Claire Sweeney (CS)	Sure Start Jubilee Shropshire County PCT
Mary White (MW)	Public Health – Teaching Practitioner, Coventry PCT

Invited Speakers:

James Miller (JM)	Pfizer
Priya Madahar (PM)	Pfizer
Michael Ussher (MU)	Lecturer in Psychology, St Georges, London

Amanda Harrison

Directors Assistant, Perinatal Institute (minutes)

1. Apologies

Lynda Jones (RRT PCT), Paul Hooper (WM Tobacco Policy Manager), Jackie Daykin (RRT PCT), Michelle Pugh (Hereford), Ceri Evans (Worcester), Yvonne Hermon, (Dudley), Vicky Masters (Solihull PCT), Lorna Allen (Sure Start Kingstanding), Mandy Godwin (Sure Start Kingstanding), Angela Collard (WM SSHA), Pat Thomas (SCPCT), Marissa Warwick (Coventry Sure Start).

2. Minutes of Last Meeting

The minutes of the last meeting were reviewed and agreed as true record.

3. Matters Arising

i) Update on rapid response to August BMJ article

A draft response has been prepared by Wendy Dudley but COG currently awaiting sight. Belief is, however, that this has missed deadlines.

ii) Baseline smoking rates for pregnancy and long term successes

There was a discussion regarding the above and the pressing need for data that reflects long term outcomes, for delivery as a minimum. N Staffs provides a home visiting service for pregnant smokers and their data demonstrates successful outcomes.

Ultimately there is a requirement for a "gold standard" evidence based pregnancy tailored model suitable for use across the board, to take into account all factors, however, any project will require financial backing to include a requirement for postnatal follow-up.

There is a need to develop criteria to assist in measuring and evaluating outcomes which Stop Smoking Advisors will be responsible for keeping record of. There is a strong need for national guidance to assist with this. In the meantime this could be developed through this network.

In Birmingham, training in smoking cessation for pre-registration midwives appears to be lacking. At a recent meeting with second year students it was highlighted that this subject is not addressed early enough in training. This is an area that needs further attention.

COG reported that Michelle Pugh has been undertaking 52 week follow ups for her clients and the results which are all CO validated demonstrate significant long term successes. MP was asked to present at this meeting but was unable to attend due to commitments in London.

Concern was raised about the National Measure of success i.e. 4 week quit rates. For pregnant women, the key will be to look at long term outcomes and examine quit rates at least at delivery and 52 weeks (CO validated). Following the recently published BMJ article (Aug 05), local budget holders in some areas have requested evidence as to the cost effectiveness of services for pregnant smokers. Suggestion was made to hold a Regional Forum. Ideally this will be pitched at key figures and stakeholders in the region in order to raise awareness of the key issues relating to smoking cessation in pregnancy. It was suggested that those network members who have already made a start with local audits should be invited to present. A request for guidance on presentation content was made.

ACTION COG

iii) *Notes Pilot*

A query was raised regarding expansion of information collection regarding smoking cessation within the hand-held Pregnancy Notes. This is being addressed by COG now she is working within the Institute. Suggestion was made to the use of mount sheets. To be further investigated.

ACTION COG

4. Project Manager Update

i) *Website*

The website is now up and running and can be viewed via www.perinatal.nhs/smoking. This is still in development and any views or comments would be appreciated. Please forward any comments to COG. COG aims to develop a comprehensive tool in order to deal with the number of growing enquiries from across the UK. This will be a useful source of information in which to direct people to.

ACTION ALL

ii) *Brief smoking cessation intervention guidance (NICE)*

COG reported that key stakeholders are being invited to comment on the draft synopsis of the guidance. Comments need to be submitted via email to NICE between 29 November and 9 December 2005.

5. Sure Start Programmes & Childrens Centres

CS reported that the Sure Start Jubilee quit rate recorded until March 04 is at 2% per year therefore not hitting the challenging 6% national SS target. Collation of 2005 figures is currently in process. Similar issues exist in SS areas re: data quality and problems in determining rates of smoking in pregnancy making it difficult to measure progress towards meeting targets.

COG reported that within the S.S.Kingstanding area a number of 'father workers' have been employed. It is anticipated that they will play an important role in engaging prospective fathers into smoking cessation in order to increase their pregnant partners' chances of success. These individuals will require some training in smoking cessation in particular raising the issue in order to enable them to undertake this effectively.

Comment was made that in smaller areas, where there are obviously smaller numbers of smokers it is

harder to meet national targets. The importance of the development of local targets was highlighted.

There is also a requirement for a specific model that supports pregnant teenagers with smoking cessation. Rates are high in this group and they present particular challenges.

6. **Research on Cravings In Pregnancy– Michael Ussher**

MU gave an overview of his study which aims to examine whether nicotine cravings are exacerbated during pregnancy and whether they are any different than the general population of smokers. Arrangements have been made for him to conduct focus group interviews with front line practitioners interested in participating. He assured the group that information will be anonymous and copies of information gathered will be forwarded to COG.

COG advised that there are other practitioners who could not make today's meeting who would be happy to be interviewed. Details to be forwarded to MU.

ACTION COG

MU reported findings that in some women there is an aversion to alcohol but an increase in tobacco cravings. Ultimately motivations for ceasing differ, however, in cases where the mother is focusing on the fetus, therefore not giving up for herself but her baby, there is tendency to return to smoking post delivery with nicotine cravings being stronger throughout the pregnancy.

MU reported on a previous web-based study conducted in which 500 pregnant smokers responded to on-line questionnaires. The article entitled (*'Perceived barriers to and benefits of attending a stop smoking course during pregnancy'* – (attached). A query was raised regarding ethical approval; however, MU explained that this is not required for internet surveys, as there is implied consent.

MU referred to a current project underway in Cambridge which uses text messaging for cessation support and has been proving effective.

In addition to interviewing practitioners, MU also aims to conduct individual interviews with pregnant women. More information will be gathered as each woman is interviewed, as the general line of questioning will generate further questions for the next interviewee. This is a more time consuming approach which ultimately will have its barriers, one of these being women feeling reluctant at coming forward.

An original initiative was to study the preference of how to best approach smoking cessation. The details of this survey can be found in the article *'A Survey of pregnant smokers' interest in different types of smoking cessation support'*. (Attached)

ACTION COG

MU currently has underway an initiative that looks at smoking cessation in conjunction with exercise, in line with a view that the exercise reduces cravings. Exercise is a way women can get back in control of their body. He reported preliminary figures of a 50% success rate. A booklet has been produced and they are now looking at creating a video. Members were invited to get in touch with MU if they were interested in getting involved

7. **Nicotine Assisted Reduction to Stop (NARS)**

James Miller from Pfizer gave an update. NARS is a new indication called "cut down to stop" (CDTS) which is supported by ASH and has been passed by the MHRA. Two NRT products, Nicorette gum and Nicorette inhalator can be used by smokers to cut down on their smoking prior to attempting to stop.

JM reported evidence that if you encourage large numbers of smokers who are not ready to quit but are interested in cutting down: substituting NRT for the cigarettes they cut out leads to a significant percentage of them moving on to quit. Furthermore, those who do not, are actually more motivated to

quit in the future. JM suggested that this offers a way forward for those not ready to stop completely and helps people become more confident in using NRT and have more confidence/motivation to quit.

The evidence suggests that 1 in 3 smokers who successfully cut down their cigarette consumption by half with gum or inhaler stopped smoking within one year. JG requested a reference list for this evidence (attached with these minutes).

Licence Changes

The advice within the SPC for nicorette gum and inhaler has changed from a 'contra-indication' in pregnancy and breastfeeding to 'caution'. By Q1 of next year there will be harmonisation of licences for all NRT products by the product manufacturers. Copies of licences (3) attached with these minutes.

There was a discussion around the advice given within SPCs for use in pregnancy and breastfeeding. Concern was raised that based on the wording some individuals may be reluctant to prescribe during pregnancy, in particular, perhaps individuals who are new in post. Similarly it was highlighted that NRT is still not widely prescribed by GP's and this is presenting a problem in some areas.

COG reported that the use of nicorette freshmint gum within her area has proved quite successful with many pregnant women being able to tolerate the gum quite well. This has been the experience in other areas too. It was agreed that it remained crucial to advise pregnant women that the ideal is to stop completely.

8. **Dates and Times of Next Meetings**

Monday 23 January 2006

Monday 20 March 2006

Monday 8 May 2006

All to be held 10.00 – 13.00hrs at the Perinatal Institute. A light lunch will be provided after the meeting.