



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



**Monday 3<sup>rd</sup> October 2005, 10:00 – 13:00**

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

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**Present:**

Jason Gardosi, Director PI (JG) (Chair)  
Carmel O’Gorman, Project Manager N.Birmingham (COG) (Minutes)  
Paul Hooper, WM Tobacco Policy Manager (PH)  
Angela Collard, WMSSHA (AC)  
Stephen White, BBCSHA (SW)  
Mandy Parkes, Dudley (MP)  
Kathy Lee, HOBTPCT (KL)  
Sue Gill, Walsall (SG)  
Claire Sweeney, (Sure Start Jubilee (CS)  
Wendy Dudley, N. Staffs (WD)  
Sue Randall, S. Warks (SR)  
Yvette Brooks, Sure Start Tamworth (YB)  
Michelle Pugh, Hereford (MP)  
Ann Fitchett, S. Birmingham (AF)  
Vicky Masters, Solihull PCT (VM)  
Elaine Graham, Solihull PCT (EG)  
Marissa Warwick, Coventry Sure Start (MW)  
Christina Charlton, Coventry PCT (CC)

**Apologies**

Sobia Janua, East Birmingham PCT; Ceri Evans, Worcester; Alison Trout, Solihull; Anabelle Cooper, Gloucester; Yvonne Hermon, Dudley; Sharon Yates, HOBTPCT.

**1) Minutes of Last Meeting**

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

**2) Network Updates**

**a) Secondment**

Carmel O’Gorman (COG) reported that Good Hope and North Birmingham PCT have agreed for her to be seconded part time (0.2 WTE, 1 day a week) to the Perinatal Institute, for an initial 12 month period. Jason Gardosi (JG) confirmed that he has accepted the secondment and will be making Institute support available as necessary. This arrangement will give the project management of the SCIP Network a surer footing.

**b) Brief Opportunistic Intervention (BOI) smoking cessation - NICE Update**

COG reported from the NICE stakeholder meeting in June 05 which she attended on behalf of the network. NICE are developing a Public Health guidance paper on BOI, due to be published in March 2006. It was suggested that “front line” staff be involved in the guidance development process to ensure that the intervention is tailored to the needs of pregnant women. Stakeholders may comment on the draft versions of the guidance as it develops. Key points were made in relation to the optimum way of carrying out BOI to pregnant women. The 3 main points highlighted were:

- 1) Frontline midwives, GP’s etc need training in the delivery of a BOI
- 2) Partners and family should be targeted
- 3) Routinely offer a carbon monoxide breath test to all pregnant women.

All stakeholder comments are on the new NICE public health excellence website:  
<http://www.nice.org.uk>

**c) End Child Poverty**

COG highlighted the above organisation which is a coalition of organisations from the voluntary, private and public sectors campaigning to ensure that the goal of eradicating child poverty becomes a reality. Further information can be found at [www.ecpc.org.uk](http://www.ecpc.org.uk).

**d) NRT in Pregnancy**

COG requested volunteers to assist with the development of a leaflet to help address on-going concerns about the use of NRT in pregnancy. This was previously raised at the July network meeting following discussion at the June Conference in London. Suggestions for inclusion:

- 1) Information on the evidence of the risks of smoking
- 2) The importance of smoking cessation support
- 3) Available evidence on NRT – efficacy and safety and NICE guidelines

*Interested parties please contact COG.*

**Planned research project**

COG has been contacted by Michael Ussher (Psychology lecturer, University London) re a research project. The aim is to examine cravings in pregnancy to determine whether they are different to smokers in general. Michael wishes to conduct focus group interviews with smoking in pregnancy advisors. This would be in the form of one to one interviews with around 6-10 pregnant smokers. A copy of the research protocol has been requested and it was agreed to *invite him to the next meeting to explain the aims of the study in more detail.*

**3. Research Presentations**

SR presented key findings from a research article entitled Making Sense of the Challenge of Smoking Cessation during Pregnancy: a Phenomenographic approach in Health Education Research (Abrahamsson A et.al) Vol 20 No.3 2005 pg 367-378.

WD presented a summary of an article entitled Randomised Controlled Trial of Home Based motivational Interviewing by Midwives to Help Pregnant Smokers Quit or Cut Down (Tappin DM et.al) Vol 331 pg 373 – 377 published in the BMJ in August 2005. At the time of publishing there was much debate about the value of home visits and motivational interviewing in pregnancy due to the cessation rates in the study being low. It was suggested that *Wendy compile a response on behalf of the network and submit it via the BMJ rapid response system.*

**4. Infant mortality targets and monitoring**

SW gave a comprehensive overview of the BBSHA response to smoking in pregnancy. The key points made were:

1. Perinatal mortality and inequality levels are high with little or no improvement
2. Performance management systems in place re: targets and monitoring
3. Assessing progress towards a 1% annual reduction requires robust data. Improvements in data collection rates are therefore key.
4. A Health Improvement Quarterly Performance Improvement report produced in July this year by the BBC SHA includes a section on smoking in pregnancy. Future reports will contain quarterly data from LDPR submission and track progress against LDP targets.

A discussion followed and concerns were expressed about the poor quality data collection within Trusts which makes local target setting and monitoring difficult. *A data quality mapping exercise was suggested to be undertaken by a local individual rather than a regional representative.*

Presentations from WD, SR and SW will be available in due course via [www.perinatal.nhs.uk/smoking](http://www.perinatal.nhs.uk/smoking). Hard copies will be circulated shortly.

**5. Smoke Free Homes (SFH)**

MP gave an update of the work being undertaken in Dudley on SFH. An innovation involves putting stickers on the orange Child Health book to identify whether there is a smoker in the household. Stickers were distributed amongst the team. All Health Visitors have been trained to use the SFH packs and Sure Start are using the packs routinely. The SFH work will be evaluated through focus groups and via questionnaires with postnatal mothers. Dudley are also developing a no smoking policy for early years workers and child minders.

**6. Sure Start (SS) and Children's Centres**

The National SS programme have distributed two documents. The first relates to national smoking in pregnancy rates in the SS areas and also gives information on examples of good practice that may be utilised. CS reported that the national prevalence at 28% is lower than her local SS prevalence. COG commented that prevalence in SS Kingstanding was also much higher than the national rate. It was agreed to continue discussion at next meeting with an *Agenda item on SS Programmes and targets*.

**7. WM Smoking in Pregnancy Report**

PH reported that the report for the Regional Director of Public Health on smoking in pregnancy is progressing well. He thanked those who had responded to his request for local information.

**8. AOB**

***Network membership/attendance***

Increasing requests from outside the region are being made to join the network, incl. requests from the Isle of Man and Northampton. It was agreed that representatives should be invited to attend as observers.

**DATE AND TIME OF NEXT MEETING**

Monday 28<sup>th</sup> November 2005  
10 am – 1pm  
Perinatal Institute, Birmingham