



Smokefree Pregnancy 2009 - 10

A report on the work of the Manchester Stop Smoking Service

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1. Strategic and Local Context

1.1 General overview

Smoking cessation is a high impact change essential in achieving improvements in life expectancy for people in Manchester. Smoking is both a cause and an effect of health inequality. Reduction of smoking during pregnancy is vital to reducing the health inequality gap in infant mortality and life expectancy.

1.1.1 Prevalence

- Nationally the prevalence of smoking has declined in the general population to 21% (ASH, 2010), but rates remain alarmingly high in the Northwest – and higher still in Manchester (34-8% Joint Strategic Needs Assessment 2008-13), and in particular groups. These include 20-34 year olds, including women who continue to smoke during pregnancy, members of some minority ethnic communities and those from lower socioeconomic groups. In terms of age, the highest smoking rates correspond to the childbearing years; nationally, for example, 31% of women smoke between the ages of 20 and 24. Younger mothers are more likely to smoke in pregnancy. Those aged under 20 are the only age group where there was a rise, nationally, in smoking prevalence (Infant Feeding Survey 2000 and 2005). 80% of smokers start smoking as teenagers. Differences in the prevalence of smoking between the most and least affluent communities accounts for half the difference in the risk of premature death faced by these groups. The burden of smoking falls most heavily on the most disadvantaged. Again, nationally, the Routine and Manual group is the only group where smoking in pregnancy increased between 2000 and 2005. Reducing smoking in pregnancy will have an impact on related challenges including reducing infant mortality and raising life expectancy at birth for men in Manchester from the second lowest in England (74 compared with 84 in Kensington and Chelsea, ONS 2009).

1.1.2 Healthcare costs

- The impact of smoking in pregnancy on maternal, foetal and childhood health is important both in terms of health outcome and inequality and on healthcare spending. The White Paper 'Smoking Kills' stated that '[helping pregnant women to give up smoking] can also mean immediate cost savings for the NHS.' This is largely because women who smoke in pregnancy are three times more likely to have a low birth weight baby (BMA 2004) who may need very costly intensive care treatment (at more than £1500/day). Savings to the NHS can amount to between three and six times the cost of providing help to pregnant women to give up smoking'. (DOH – Data Collection by maternity hospitals, DSC Notice: 50/2002, Issue date October 2002). Pregnant smokers with complicated deliveries use about 66% more health care resources than do nonsmokers.¹ Brief cessation counselling in pregnancy is likely to be more cost-effective than all the rest of prenatal care.²

1.2 Targets

1.2.1 National targets

- Reduce inequalities in health. PSA delivery target 18: By 2010 to reduce inequalities in health by 10% as measured by infant mortality and life expectancy at birth. The infant mortality rates for babies weighing less than 1500g and those under 2500g are 104 and 22 times higher respectively than those of normal weight babies. The incidence of low birth weight is twice as high in women who smoke throughout pregnancy as that in non smokers.
- The DH Priorities and Planning Framework (PPF) set a target to deliver a one percent reduction per year in proportion of women continuing to smoke throughout pregnancy to 2010.

1.2.2 Local targets

- SHA: Reduce by 1% year on year the number of women smoking at the time of delivery in line with national target.
- To contribute to the Manchester Local Public Service Agreement health inequalities target seeking to narrow the gap in life expectancy between Manchester and England.

1.3 Risks

1.3.1 Risks of smoking during pregnancy

Smoking during pregnancy is associated with an increased risk of:

- Infant mortality
- Low birth weight
- Miscarriage
- Pre-term labour
- Sudden infant death syndrome
- Asthma and respiratory infection
- Cleft lip/palate and limb abnormalities

There is no safe level of exposure.

1.3.2 Risks of second hand smoking during pregnancy

Second hand smoking during pregnancy:

- Exposes non-smoking pregnant women to many of above risks

There is no safe level of exposure.

1.3.2 Risks of second hand smoking by babies and children

Second hand smoking by babies and children is associated with an increased risk of:

- Sudden infant death syndrome
- Onset of asthma and increase in severity of asthma
- Middle ear infection
- Hospitalisation in first 5 years of life
- More school days lost through illness – poorer learning outcomes
- CHD and cancer in adult life

There is no safe level of exposure.

1.4 Benefits of stopping smoking in pregnancy

Risk	Stopping Smoking	Reducing Smoking
Ectopic pregnancy	Fully reduced	?
Placental complication	Substantial (if in 1 st trimester)	Yes
Premature birth	Substantial (if in 1 st trimester)	No
Low birth weight	Fully reduced (if in 1 st trimester)	No
Perinatal deaths	Fully reduced (if in 1 st trimester)	No
Neonatal illness	Reduced	Yes

BMA: 2004

Stopping smoking at any stage of pregnancy brings proportional health benefits.

2. National guidance and recommendations

2.1 General overview

Work in 2009-10 was backed by NICE Guidelines PH010 and the DH Yorkshire and The Humber report, summarised below.

2.2 NICE guidance smoking cessation PH010, Feb 2008 Pregnancy & Breastfeeding

2.2.1 Recommendation 8

Identifies the target population as women who smoke and who are either pregnant or are planning a pregnancy, and their partners and family members who smoke, stating that action should be taken by all those responsible for providing health and support services for pregnant women, for those wishing to become pregnant, and for their partners. This includes: those working in fertility clinics, midwives, GPs, dentists, hospital and community pharmacists, and those working in children's centres, voluntary organisations and occupational health services.

What action should they take?

- At the first contact with the woman, discuss her smoking status, provide information about the risks of smoking to the unborn child and the hazards of exposure to second hand smoke. Address any concerns she and her partner or family may have about stopping smoking.
- Offer personalised information, advice and support on how to stop smoking. Encourage pregnant women to use local NHS Stop Smoking Services and the NHS Pregnancy Smoking Helpline by providing details on when, where and how to access them. Consider visiting pregnant women at home if it is difficult for them to attend specialist services.
- Monitor smoking status and offer smoking cessation advice, encouragement and support throughout the pregnancy and beyond.
- Discuss the risks and benefits of NRT with pregnant women who smoke, particularly those who do not wish to accept the offer of help from the NHS Stop Smoking Service. If a woman expresses a clear wish to receive NRT, use professional judgement when deciding whether to offer a prescription.
- Advise pregnant women using nicotine patches to remove them before going to bed.

2.2.2 Recommendation 9

Identifies a second target population as mothers of infants and young children, particularly breastfeeding mothers who smoke, and partners and family members who smoke, stating that action should be taken by GPs, midwives, health visitors, community pharmacists and smoking cessation counsellors who advise on, or prescribe, NRT.

What action should they take?

- At the first contact, discuss the smoking status of the woman and her partner, provide information about the risks of second hand smoke to young children and address any concerns about stopping smoking.
- Offer information, advice and support on how to quit smoking and encourage use of local NHS Stop Smoking Services by providing details on when, where and how to access them.
- Use any opportunity to offer those mothers who are (or who may be) eligible for the Healthy Start scheme practical and personalised information, advice and support to help them stop smoking.

- Discuss the risks and benefits of NRT with breastfeeding mothers who have tried but have been unable to stop smoking unaided. Use professional judgement to decide whether or not to advise use of NRT or to offer an NRT prescription.
- Advise breastfeeding women using nicotine patches to remove them before going to bed.

2.3 DH Yorkshire and The Humber report

Reducing smoking pre-conception, during pregnancy and postpartum Integrating high impact actions into routine healthcare practice 2007

The report identifies eight evidence based high impact actions to be integrated into routine healthcare - with the potential for making significant and measurable improvement in smoking rates in pregnancy, prior to conception and after the birth of the baby:

- 1) Promoting cessation to women of childbearing age
- 2) Improving data collection
- 3) Reaching pregnant smokers as soon as possible and throughout pregnancy
- 4) Increasing effectiveness of current interventions
- 5) Supporting continuing smokers
- 6) Involving partners and families
- 7) Maintaining postpartum cessation
- 8) Promoting smokefree families

The report emphasises the need for the creation of a policy and practice environment favourable to widespread adoption, and the four essential components of capacity building: partnerships, resources, implementation tools and technical assistance.

2.4 Implications of NICE guidance and DH report

Both documents emphasise the importance of ***integrating smoking cessation support into routine healthcare*** for preconception, pregnancy, the postpartum period and parenthood. Intervention needs to be carried out by all health professionals and those working in children's centres and voluntary organisations. Manchester Stop Smoking Service has focused on making smoking cessation training and support available to health professionals, children's centre staff, voluntary and community organisations, developing a network of Stop Smoking Intermediates, working in a range of settings -including many of the city's community midwives, and many working in the hospital antenatal clinics and wards of the three maternity hospitals. Approximately 90% of all quit dates are now set with the support of intermediate trained staff across the city, rather than Specialist Stop Smoking Advisors. There has been an aim of delivering most stop smoking support to pregnant women via routine healthcare since 2002.

3. How Manchester Stop Smoking Service worked to promote smokefree pregnancies

3.1 Staff

Faye Carole, Senior Public Health Development Advisors (SPHDA) – Tobacco control and pregnancy, (0.4) worked on smokefree pregnancy mainly in North Manchester. Faye left the Service in February the course of the year, leaving a vacancy. We wish her well in her new post in Trafford.

Ali Reid, SPHDA – Tobacco control and pregnancy, (0.7) works on smokefree pregnancy mainly in Central and South Manchester and leads on the Manchester Smokefree Homes Scheme and on Wythenshawe Healthy Smokefree Families, a time limited initiative part-funded

by the EC, with an implementation period April 2009 – February 2010. The project is in partnership with Barnardos North West.

The SPHDAs worked closely with colleagues in the Stop Smoking Service on the wider tobacco control agenda, including the development of smokefree communities.

3.2 Main Partnerships

3.2.1 Acute Trusts

The Service works in partnership with the three Acute Trusts providing maternity care at North Manchester General hospital, St Mary's hospital and Wythenshawe and Withington hospitals, providing intermediate training, support, implementation tools and technical assistance for staff. For example, over the 2009-10 year at St Mary's, significant work included:

- Five intermediate training days delivered for midwifery staff - who now attend once every three years.
- The integration of solution focused approaches in training, resources and implementation tools.
- Regular contact between SPHDA and hospital managers and staff
- Telephone and face-to-face support was provided for individual intermediates and groups of staff.
- Maternity Staff attended the Manchester smokefree Pregnancy Network meeting.
- Resources for pregnant smokers, their partners and families, including smokefree pregnancy leaflets and information packs and Smokefree Homes registration leaflets continued to be updated and produced by the Stop Smoking Service and distributed by St Mary's staff.
- Women making a quit attempt are discharged by midwives at 28 days post delivery to enable maximum support by maternity staff.
- The midwives are particularly successful at recruiting to the Smokefree Homes Scheme, approaching the subject of smoking in a non-threatening way and often encouraging partners to move their smoking outside the home.
- Carbon monoxide monitors giving a read out for both the pregnant smoker and the foetus were used in wards and departments.
- The community support workers continued to support women making quit attempts effectively through home visits.
- 92 monitoring returns were encouraging although steps are being taken to reduce the proportion – 18% - where the outcome is 'unknown'.

NMGH maternity staff continue to support a high number of quit attempts by pregnant women (see 4.2.2 below).

No training took place at UHSM and monitoring returns were disappointing (see 4.2.2 below).

3.2.2 Sure Start Early Years, Barnardo's North West and ESCN

The Service works in partnership with Sure Start Early Years across the city providing intermediate training, support, implementation tools and technical assistance for staff.

For example, over the 2009-10 year, significant work included:

- European Smokefree Communities Network (ESCN) work. Building on a strong partnership with Barnardos who deliver Sure Start in Wythenshawe, we worked together to deliver a European implementation pilot, which will be fully evaluated by a colleague from Health Promotion Foundation, Warsaw. The project entailed working with the community to protect children from tobacco smoke. Chris Bell was employed as a community participation worker, initially for nine months (2009) to promote Smokefree Homes in South Manchester, in a fully evaluated project, supported by the SPHDA. The project was so successful (more than 1100 households signed up as smokefree in the

first 10 months, with more than 400 changing their behaviour) that the post was extended for a further 19 months. The pilot led to the development of 'chemical soup', a visual display demonstrating the chemicals in cigarettes, asking parents whether they would make soup from these ingredients and leave it bubbling on a stove while children play nearby. Parents are then encouraged to protect children by stepping outside to smoke, make homes and cars completely smokefree and to sign up to Manchester's Smokefree Homes. The display's visual nature has made it hugely popular – provoking curiosity and questions and enabling interaction. In 2010-11 we will use it in more children's centres and at events and it will be able to borrow from the Public Health Development Resource library and the concept will form the basis of new posters and smokefree homes leaflets.

- The continued support of Sure Start Early Years health groups and events across the city.
- Carbon monoxide monitors giving a read-out for both the pregnant smoker and the foetus were distributed across the city.

3.3 Resources

Resources for women who smoke in pregnancy, their partners and families continued to be updated and produced by the Stop Smoking Service and distributed across the city, including:

- The continued integration of solution focus into resources as they are rewritten.
- Smokefree pregnancy leaflets.
- Smokefree pregnancy and smokefree homes information packs (note integration and change of focus).
- Smokefree homes registration leaflets.
- General information packs.
- Service information 'credit cards'.
- The development of the new website: www.stopsmokingmanchester.co.uk

National materials were also obtained and distributed by the Service.

3.4 Implementation tools

Tools for staff use continued to be updated and produced by the Stop Smoking Service and distributed across the city alongside training, including:

- The integration of solution focus into tools as they are rewritten.
- The well-received Step by Step guide for Health Professionals to support pregnant women to stop smoking – which includes a 'How to' flow chart continued to be distributed and used, particularly by midwives.
- Stop Smoking Training Packs.
- Carbon monoxide monitors giving a read-out for both the pregnant smoker and the foetus were ordered by the Service for use by maternity and Children's Centre staff.
- Manchester's Smokefree Homes Scheme encourages people to keep their home and vehicles smokefree, eliminating the exposure of children to second hand smoke (SHS). This has been an exciting year for Manchester's Smokefree Homes. The Wythenshawe Healthy Smokefree Families pilot won the NHS Manchester Heroes in Health Improving Health award, and will be presented at the ASH Wales conference, October 2010. Over the year, the scheme successfully recruited 1627 completely smokefree households, including 1136 in Wythenshawe and 98 in Harpurhey. When pregnant women, their partners, families or friends are not ready to stop smoking, it can be helpful to encourage them to step outside to smoke. For a pregnant woman or others this behaviour change may trigger a quit attempt later. It also keeps the home smokefree so that the pregnant woman, the baby once born and any other children are protected from SHS. Many people who are not willing to talk about smoking/stopping smoking appear to be happy to

talk about protecting children from SHS by having a smokefree home. See also 3.2.2 above.

- The development of the new website: www.stopsmokingmanchester.co.uk

3.5 Technical assistance

The Stop Smoking Service continued to provide training and technical assistance for staff across the city and beyond, including for example:

- A continued programme of intermediate training, including maternity focused training intermediate training across the city.
- Facts and figures for reports and bids.
- Information and improved access systems for nicotine replacement therapy, Zyban and Champix, improving service for those clients wishing to use them.
- The management and hosting of a quarterly Smokefree Pregnancy Network meeting to share ideas that are working.
- The development of the new website: www.stopsmokingmanchester.co.uk

4. Smoking prevalence and supported cessation in pregnant women

4.1 NHS Manchester residents' smoking prevalence in pregnancy 2005 -10

Smoking at time of delivery (proxy smoking prevalence in pregnancy measure) continues to fall, with an 8% fall citywide since 2005-06.

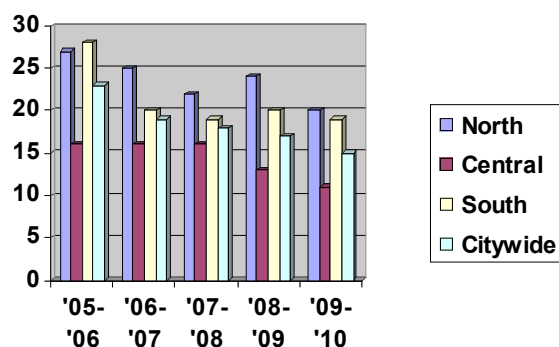
	2005-06	2006-07	2007-08	2008-09	2009-10
CMMC	16	16	16	13	11
PAT	27	25	22	24	20
UHSM	28	20	19	20	19
Citywide	23	19	18	17	15

4.1.1 Smoking prevalence in pregnancy for NHS Manchester residents by Acute Trust return: 2009-2010 (England: 14.1%)

4.1.2

	Number smoking at time of delivery	%	% change
CMMC	438	11	2% down
PAT	377	20	4% down
UHSM	327	19	1% down
Citywide total	1142	15	2% down

Prevalence 2005-2010



Key points

- It is encouraging to see that a downward trend was again sustained.
- The 2% drop achieved exceeded the 1% local and national target.
- 1142 women in Manchester smoked throughout pregnancy, with all the consequent health risks to their own and their baby's health. For comparison 1,312 Manchester women smoked throughout their pregnancy in the previous year.

4.1.3 The Picture across the North West

Smoking at Time of Delivery

	2008/09	2009/10					2010/11
PCT	Year*	Q1	Q2	Q3	Q4	Year*	Q1
Blackburn w Darwen	18.3%	20.2%	19.6%	19.6%	20.6%	19.3%	15.2%
Blackpool	33.3%	32.2%	35.5%	31.9%	26.3%	31.4%	32.5%
Central Lancs	18.9%	18.3%	16.9%	19.3%	19.4%	19.4%	19.6%
Cumbria	no data	17.1%	18.6%	19.3%	17.5%	18.2%	16.6%
East Lancs	18.3%	19.5%	19.7%	20.9%	20.1%	22.2%	22.7%
North Lancs	20.6%	21.9%	19.3%	20.2%	20.0%	19.7%	20.8%
Cumbria & Lancashire	no data	19.6%	19.8%	20.8%	19.9%	no data	20.3%
Central & Eastern Cheshire	19.3%	18.0%	18.5%	16.8%	15.6%	17.2%	17.8%
Halton & St Helens	25.5%	21.5%	23.2%	25.8%	25.8%	no data	23.0%
Knowsley	25.5%	24.4%	30.5%	23.9%	26.6%	26.1%	30.1%
Liverpool	17.0%	18.1%	22.3%	18.2%	14.8%	18.4%	20.9%
Sefton	15.2%	17.2%	21.3%	15.8%	14.1%	17.1%	17.1%
Warrington	15.3%	14.4%	13.0%	12.1%	13.1%	13.1%	11.4%
West Cheshire	12.5%	12.7%	11.4%	14.1%	10.9%	no data	11.3%
Wirral	14.7%	16.7%	16.3%	18.2%	18.3%	17.4%	15.4%
Cheshire & Merseyside	no data	17.8%	19.6%	18.1%	17.2%	no data	18.4%
Ashton, Leigh, Wigan	18.7%	18.3%	19.0%	19.6%	17.2%	18.7%	16.4%
Bolton	20.7%	20.8%	21.0%	18.6%	21.5%	20.4%	17.8%
Bury	19.4%	19.3%	18.2%	15.1%	18.2%	17.6%	17.9%
Heywood, Middleton & Rochdale	22.9%	22.4%	22.5%	20.6%	22.8%	22.1%	20.3%
Manchester	17.4%	15.1%	15.1%	13.9%	15.6%	14.9%	14.5%
Oldham	17.4%	16.6%	15.8%	15.8%	17.2%	16.3%	16.0%
Salford	22.3%	20.5%	21.5%	16.4%	16.8%	19.3%	18.1%
Stockport	16.4%	18.9%	17.0%	17.5%	16.4%	17.8%	13.6%
Tameside & Glossop	22.5%	22.9%	19.1%	20.2%	21.1%	20.8%	23.5%
Trafford	12.1%	13.4%	10.4%	9.9%	10.9%	11.1%	8.6%
Greater Manchester	no data	18.5%	17.8%	16.6%	17.6%	no data	16.4%
NW	18.8%	18.6%	18.9%	18.2%	18.0%	18.6%	18.0%
England	14.4%	14.0%	14.1%	14.0%	14.1%	14.1%	13.6%

Data from Smokefree North West 2010

While there is no room for complacency, it can be seen that in regional terms we are doing well.

4.2 Monitoring returns for women who smoke in pregnancy

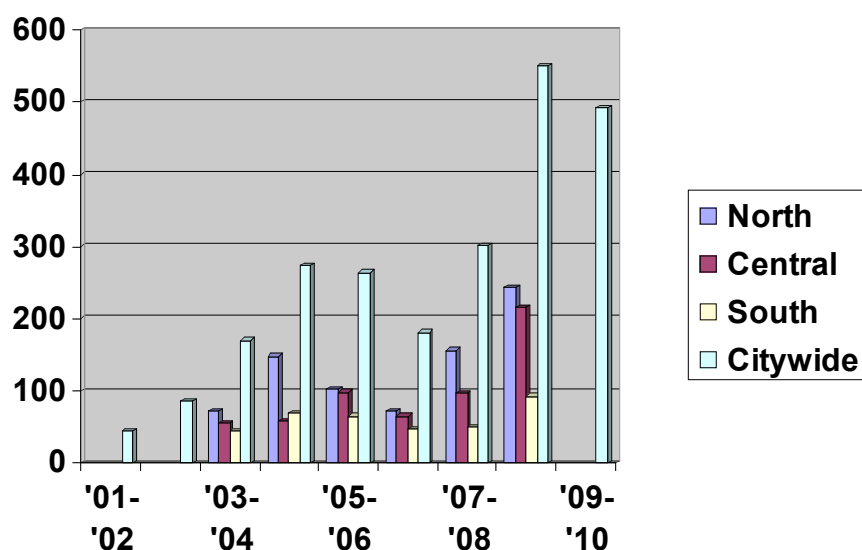
All trained specialists and intermediates are asked to complete a monitoring form for each person they support in a quit attempt and to return the forms to the Stop Smoking Service, whether or not the person has quit at four weeks. These returns form the basis of the reports sent quarterly by the Service to the DH. Returns for pregnant women form the basis of this section.

4.2.1 Manchester: Pregnant women setting quit dates 2001-2010

(from monitoring forms returned to Manchester Stop Smoking Service)

Pregnant women setting a quit date citywide '01- '03, by PCT '03-'06, by base of advisor from '06-'07 onwards

	'01- '02	'02- '03	'03- '04	'04- '05	'05- '06	'06- '07	'07- '08	'08-'09	'09- '10
North			71	148	102	71	156	244	NA
Central			55	58	98	64	96	215	NA
South			44	68	64	46	50	92	NA
City-wide	44	85	170	274	264	181	302	551	492



4.2.2 Key points from 2009-10 monitoring returns

- Citywide the number of supported quit attempts is 43% number of women smoking throughout pregnancy, suggesting that more than half of Manchester's pregnant women who smoke are not currently making a supported quit attempt.
- The number of supported quit attempts has fallen by 59 this year, although as a percentage of women smoking throughout pregnancy it has risen by 1%
- 492 pregnant women made supported quit attempts, of whom 154 were quit at four weeks (31%).
- A disappointing 116 (24%) women making a supported quit attempt were lost to follow up at 4 weeks.
- Women accessed support from a range of staff in a variety of locations.

Maternity Services

- 281 pregnant women made quit attempts supported by maternity staff – midwives and support staff – 92 at St Mary’s of whom 28 quit (30%), 164 at NMGH of whom 62 quit (38%) and, disappointingly, 25 at UHSM of whom 3 quit (12%).
- Women setting a quit date with maternity staff:

	SATOD	Set quit date with maternity staff	Set quit date as % of SATOD
PAT	377	164	44%
CMMC	323	92	28%
UHSM	327	25	8%

- Of the women supported by maternity staff at St Mary’s 52 were supported by midwives and 40 by support workers; at NMGH 69 were supported by midwives and 95 by support workers. The 25 at UHSM were supported by midwives.

Pharmacies

- 47 pregnant women made quit attempts supported by pharmacy staff –with a quit rate of 34%.

GP practices

- Staff in GP practices supported 26 pregnant women, with a 24% quit rate.

Stop Smoking Service

- Stop Smoking Specialist Advisors supported 32 pregnant women, with a quit rate of 36%. Of the 10 women seen by Specialist Advisors in North, 5 (50%) quit; of the 18 seen in South, 4 (22%) quit; in Central, 4 were seen of whom 1 (25%) quit.
- Community stop smoking advisors supported 42 pregnant women, 33% of whom quit.

Sure Start Public Health Team

- Staff supported 36 pregnant women, 11 of whom (28%) quit. This service is being decommissioned in 2011.

Other

- Fourteen pregnant women were supported by unknown advisors (no name/centre number on a returned form), two of whom quit.
- There were no quit attempts recorded as supported by a health visitor.
- There were no quit attempts recorded as supported by a family nurse.

5. Looking forward to 2010-11

Priorities for the year include:

1. Develop partnerships with Acute Trusts to encourage greater recognition of shared priorities and targets, and further management support of service delivery citywide. Use the opportunity afforded by the introduction of CQUIN targets to improve services to pregnant women, particularly in the light of the decommissioning of the Sure Start public health teams. Increase activity at UHSM. Improve uptake of intermediate training, and delivery of support, particularly by midwives, in South Manchester. There continues to be high DNA rate for pregnant women referred to specialist advisors at UHSM. Numbers of women making a quit attempt with either maternity staff or a specialist and quit rates are startlingly low. This is an urgent priority.
2. Increase the proportion of pregnant smokers making a supported quit attempt, particularly in Central and South Manchester by stimulating more intermediate activity.
3. Press for more detailed information from Acute Trust returns e.g. smoking status at time of booking; smoking at time of delivery by ward/postcode so that we could more easily track impact of interventions e.g. Wythenshawe Healthy Smokefree Families.

4. Encourage citywide adoption of 28 day post delivery discharge by midwives for women making quit attempt.
5. Encourage the routine use of CO monitors across the city and ensure the delivery of trained advice and support for women with a CO reading of 7ppm or more.
6. Improve follow up for women setting quit dates.
7. Improve return of monitoring; the Family Nurses, for example, supported quits but we have no monitoring.
8. Develop partnerships with Sure Start Early Years citywide to encourage greater recognition of shared priorities, targets and data, and further management support of service delivery citywide.
9. Build on the success of the partnership with Barnardo's North West in the ESCN project to further expand the Smokefree Homes Scheme across the city. Replicate 'smokefree' briefings held in Wythenshawe in Children's centres in key areas of the city, integrating the regional Take 7 Steps campaign and the learning from the wider European Protecting Children and Young People from Tobacco work.
10. Make best use of the 'chemical soup' concept.
11. Make full use of the development of Tobacco Free Harpurhey to raise the profile of smokefree homes and smokefree pregnancy in the area.
12. Develop work in dental practices, family planning clinics and Brook.
13. Investigate use of screens in health and children's centre settings to promote smokefree pregnancy and smokefree homes (making short chemical soup DVD if appropriate).
14. Invite school nurses and school family link workers to join Manchester Smokefree Pregnancy Network.
15. Link with relevant new initiatives.

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