



Healthcare  
Improvement  
Scotland



# SPSP Perinatal and Paediatric Programmes National Learning Session

Leadership to support a culture of safety

30 October 2024

Leading quality health and care for Scotland

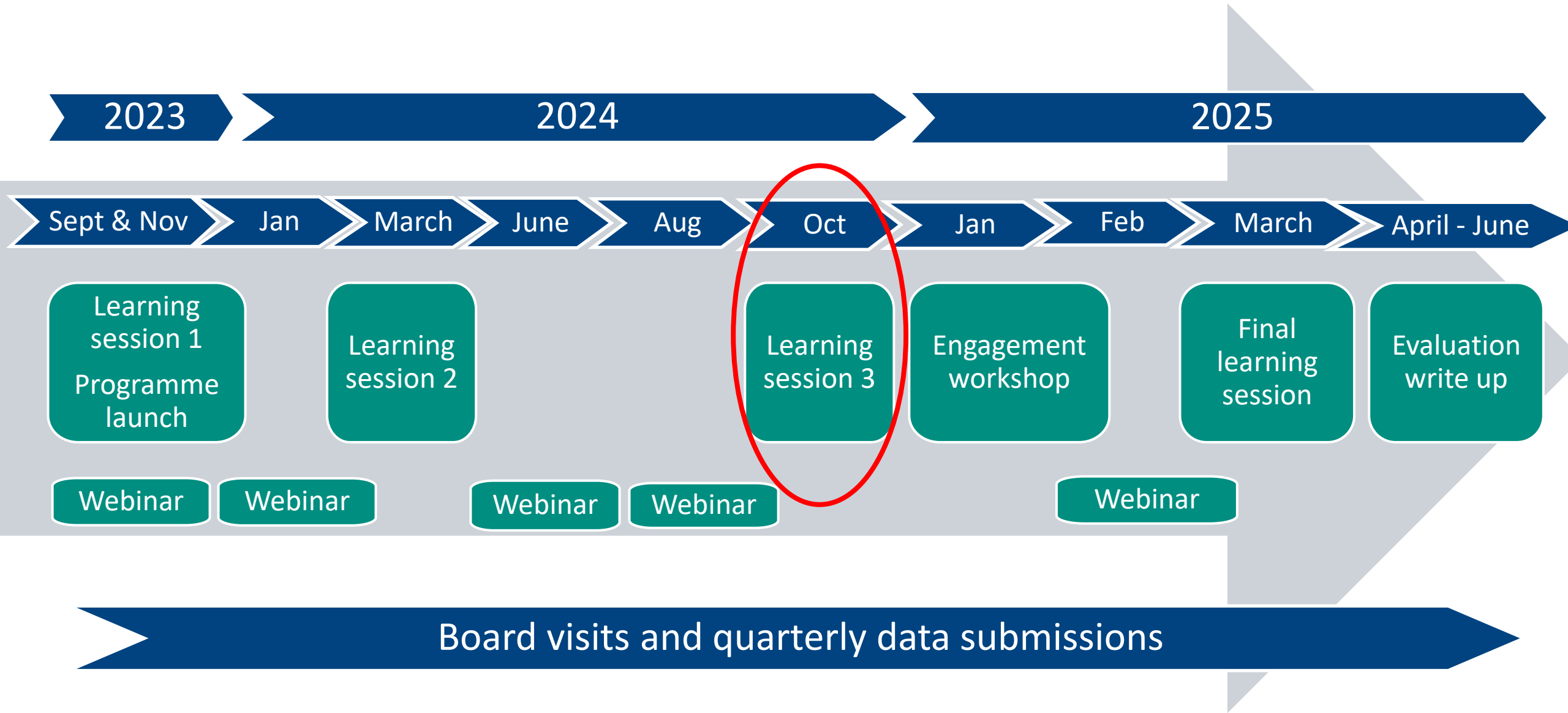


# Focus on tobacco: dependency in pregnancy

Jacqui Laurie  
Strategic National Clinical Lead for Obstetrics



# Programmes timeline



# SPSP Perinatal and SPSP Paediatric Activity



3 paediatric data submissions  
2 perinatal data submissions



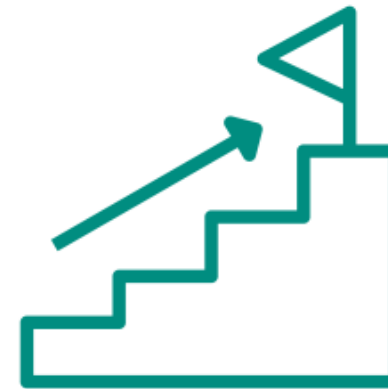
22 paediatric board visits completed  
17 perinatal board visits completed



Racialised health  
inequalities webinar



Learning session 3  
30 October 2024



IHI improvement scale

# SPSP Perinatal Driver Diagrams

## 2023 Stillbirth Driver Diagram



### What we are trying to achieve...

Reduction in stillbirth

By [locally agreed %]  
by 31<sup>ST</sup> March 2025

\*Essentials of Safe Care

### We need to ensure...

Person centred care\* considers the Continuity of Carer approach

Effective fetal monitoring

Safe communication\*

Leadership to promote a culture of safety at all levels\*

### Which requires...

- Women / birthing people and families listened to and included in all care decisions
- Inclusive care pathways which provide equitable and culturally appropriate access and treatment
- Awareness of altered fetal movements
- Support for women / birthing people to make healthy lifestyle choices
- Bereavement support for women / birthing people and families
- Risk assessment for fetal growth restriction
- Interventions to prevent fetal growth restriction
- Surveillance of fetal growth restriction
- Effective fetal monitoring antenatally and during labour
- Use of standardised tools for communication
- Management of communication
- Psychological safety
- Staff wellbeing
- System for learning
- Safe staffing

## 2023 Perinatal Driver Diagram



### What we are trying to achieve...

**Reduce Neonatal Mortality and Neonatal Morbidity by:**

- Reducing complications of prematurity
- Reducing late preterm and unexpected term admissions to NNU

By [locally agreed aim]  
By 31<sup>st</sup> March 2025

\*Essentials of Safe Care

### We need to ensure...

Person centred care\* considers the Continuity of Carer approach

Reduction in preterm birth

Delivery of evidence based preterm care

Reduction of avoidable term and late preterm admissions

Leadership to promote a culture of safety at all levels\*

### Which requires...

- Women / birthing people and families are listened to and included in care decisions
- Person centred care planning
- Family centred approach with a focus on reducing separation
- Inclusive care pathways which provide equitable and culturally appropriate access and treatment
- Screening to identify woman / birthing person at high-risk of preterm birth
- Clear pathways to ensure ease of access for women / birthing people and families to maternity services
- Safe clinical and care processes\*
- Perinatal optimisation
- Reliable delivery of evidence based interventions
- Collaborative perinatal team working
- Avoidance of elective births before 39 weeks unless medically indicated
- Risk assessment, appropriate monitoring and escalation in labour
- Delivery of evidence based care to optimise postnatal transition
- Recognition, response and escalation of deterioration
- Psychological safety
- Staff wellbeing
- System for learning
- Safe staffing

Which will then inform:

Phase 2:  
Identification of local improvement priorities

\*Essentials of Safe Care

Person centred care\* considers the Continuity of Carer approach

Safe communication\*

Evidence based delivery of maternal care / fetal care

Leadership to promote a culture of safety at all levels\*

- Women / birthing person empowered
- Shared decision-making between women / birthing people and healthcare professionals
- Inclusive care pathways which provide equitable and culturally appropriate access and treatment
- A culture of open and effective communication
- Multidisciplinary team working
- Safe clinical and care processes
- Effective management of communication
- Women / birthing people and families listened to and included in care decisions
- Effective fetal monitoring
- Psychological safety
- Staff wellbeing
- System for learning
- Safe staffing

woman / birthing person \*\*

By [locally agreed %] by 31<sup>st</sup> March 2023

\*Essentials of Safe Care

\*\*Measurements include existing Excellence in Care data

Standardised structured response and review

Safe communication\*

Leadership to promote a culture of safety at all levels\*

- Assessment for causes of acute deterioration
- Escalation
- Regular review and assessment
- Effective communication in different situations
- Use of standardised tools for communication
- Interdisciplinary teamwork and collaboration
- Psychological safety
- Staff wellbeing
- System for learning
- Safe staffing

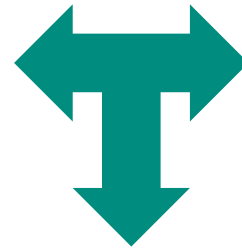
# SPSP Perinatal Driver Diagrams

**We need to ensure...  
Primary Driver**

Person centred care considers  
the Continuity of Carer  
approach

**Which requires...  
Secondary Driver**

Support for women / birthing  
people to make healthy  
lifestyle choices



**Change ideas**

Staff have access to education,  
tools and resources to inform  
women about risks of smoking  
during pregnancy

CO monitoring  
at booking and  
36 weeks

Process in place for  
opt-out referral to  
smoking cessation  
services

Signpost to services to support healthy  
behaviour in pregnancy and beyond  
e.g. Ready Steady Baby / PMH  
Pathways / Solihull Education



# Why we should care about treating tobacco dependency in pregnancy

Sonya Scott

Consultant in Public Health, Public Health Scotland



# Intention

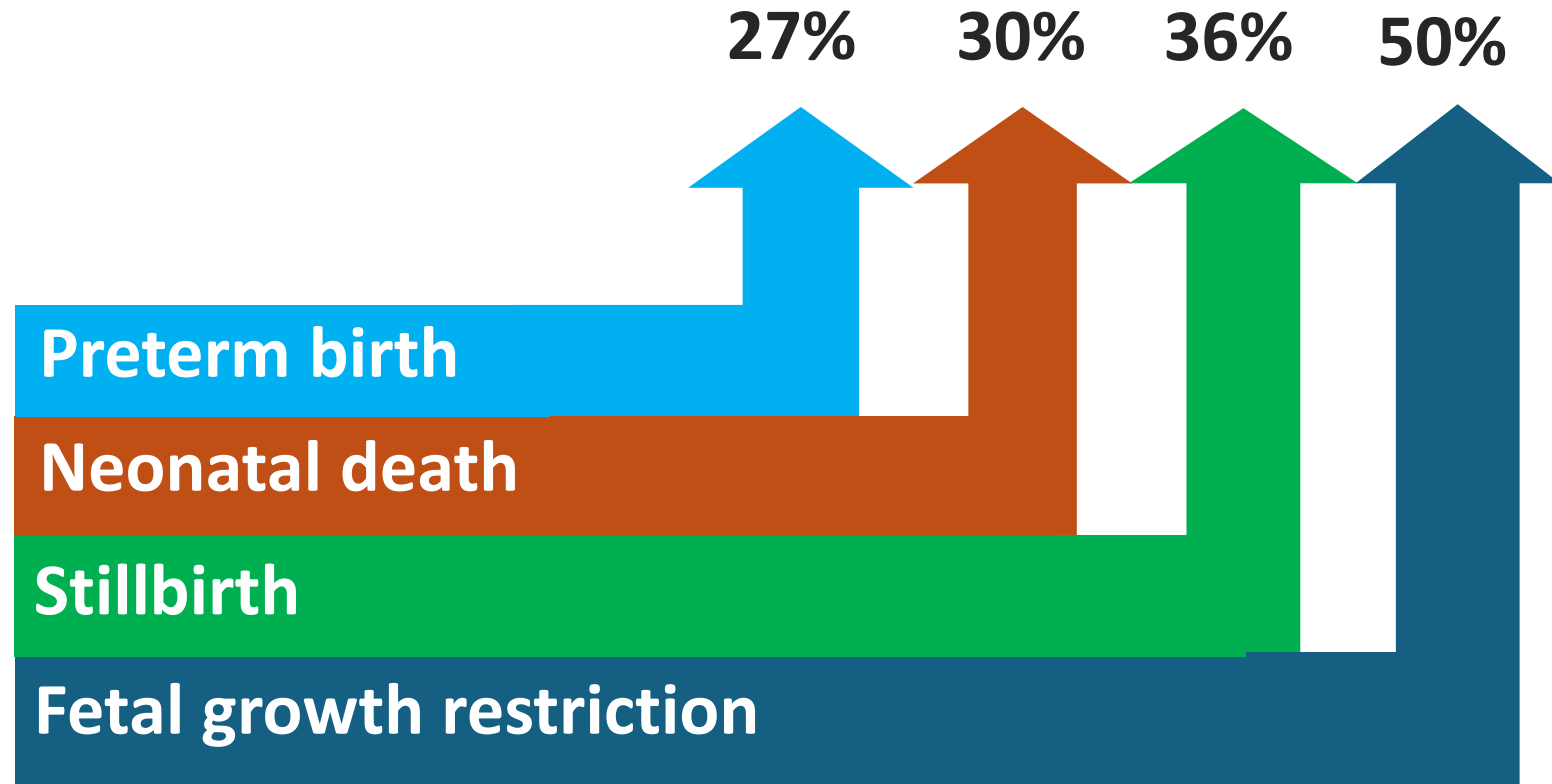
- Provide reminder of **impact** of tobacco dependency on health outcomes for women and babies and **nature** of tobacco dependency
- Describe current **scale of risk** and **what works** to effectively treat



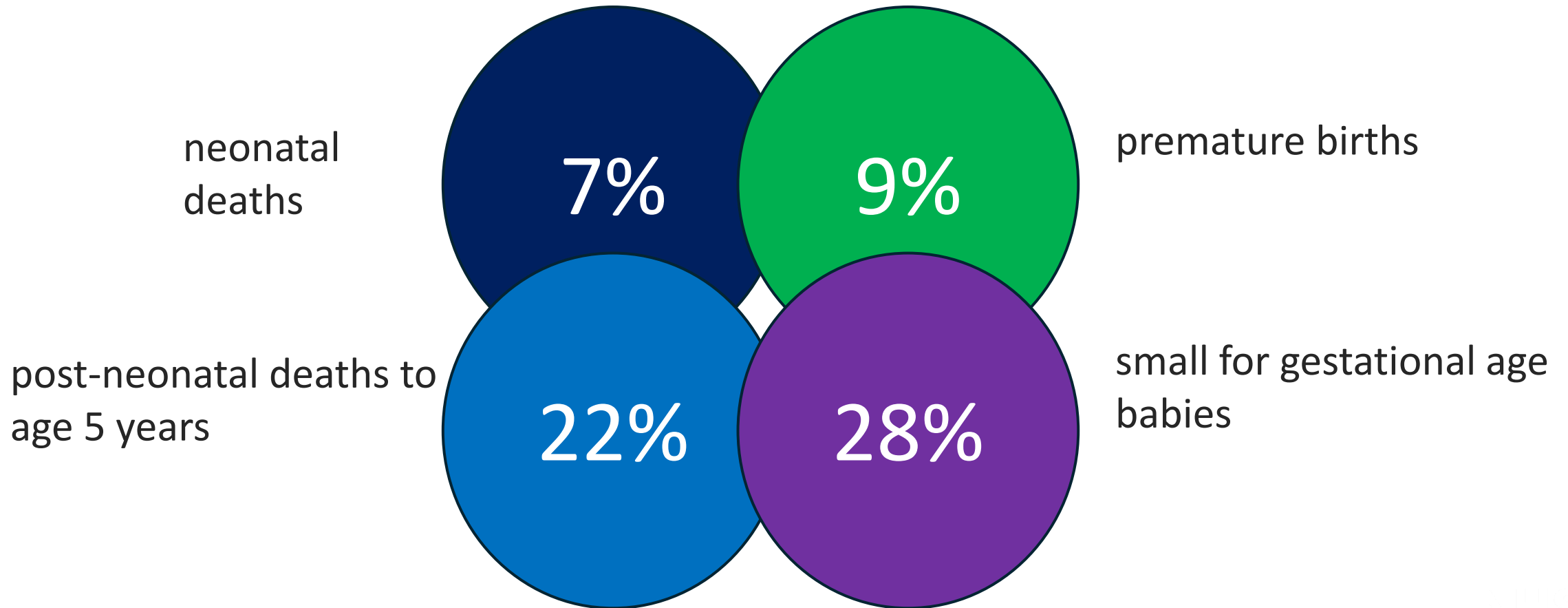
Smoking in pregnancy is **the single biggest modifiable risk factor for poor birth outcomes**, increasing the risks of miscarriage, preterm birth, stillbirth, neonatal death and sudden infant death.

# Impact of tobacco addiction on perinatal outcomes

Increased  
risk factor by  
outcome



# Elimination of smoking in pregnancy could prevent



# Tobacco dependency is an addiction requiring treatment

- **Addiction** is defined as repeated, compulsive use of a substance despite harm
- Nicotine is **as addictive as cocaine**
- Tobacco dependency is a **chronic relapsing remitting** condition
- **2 in 3** people who smoke **want to quit**



# Some of us are at greater risk of becoming addicted than others



Average age of initiation is  
17 years in Scotland



Caregiver and/or  
friend's smoke



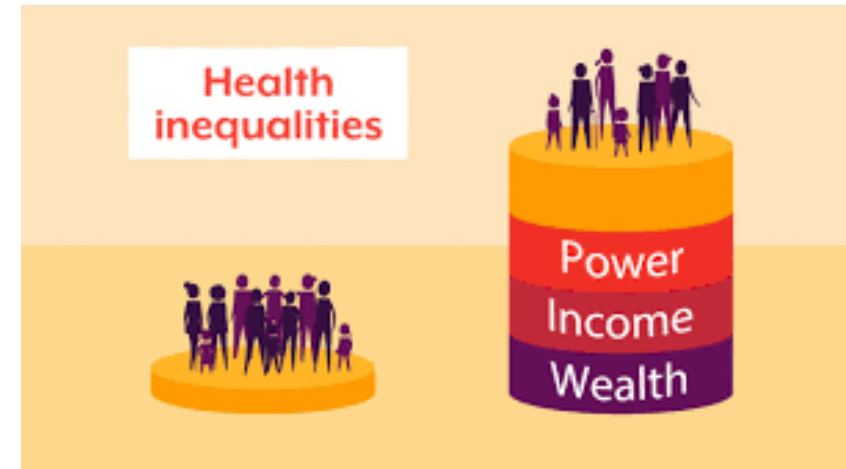
Areas with  
high availability



Targeted marketing

# An indicator of inequality

- The **largest baby inequalities** are observed for **tobacco exposure**.
- The most deprived babies **142 x** more likely to be exposed than the least deprived babies.
- The next steepest gradient is for infant feeding with the most deprived babies 42x more likely to never have been breastfed.





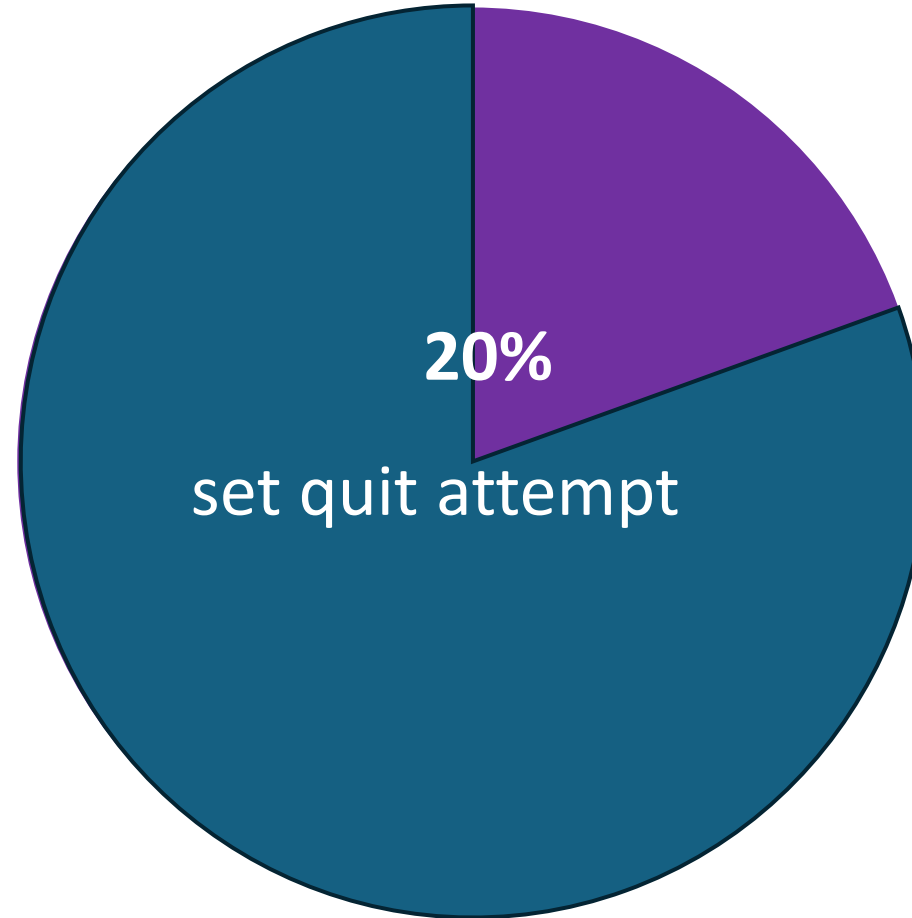
# Where are we now?

Tobacco/nicotine dependency affects:

- **1 in 10 of pregnancies** booked in Scotland, **rising to almost 1 in 5** in some areas
- **1000s** women and babies each year
- All ages
- All local authority and health board areas

# Current treatment outcomes

Of 5000+ women with tobacco dependency



# What works to treat tobacco dependency in pregnancy

## **Measure carbon monoxide** levels at:

- The booking and the 36-week antenatal appointments for all women.
- All appointments if the women has current tobacco dependency at booking or reports previous dependence.

# What works to treat tobacco dependency in pregnancy

**Automatically refer** to tobacco dependency treatment all those:

- With current tobacco dependence at booking
- Who have recently stopped smoking (within 2 weeks of booking)
- Who have a carbon monoxide reading of 4ppm or above
- Who have previously been referred but not yet accessed treatment

**Ask** if partner or anyone else in house has tobacco dependency

**Offer referral** to tobacco dependency treatment to partner etc

# How we support is as important as what we do...

“You have such feelings of guilt inside you, deep down, so if someone starts pointing their finger at you...then you feel even worse” (Fleming et al.)

“I don’t need you to criticise me, I need you to support me” (Stacey et al.)

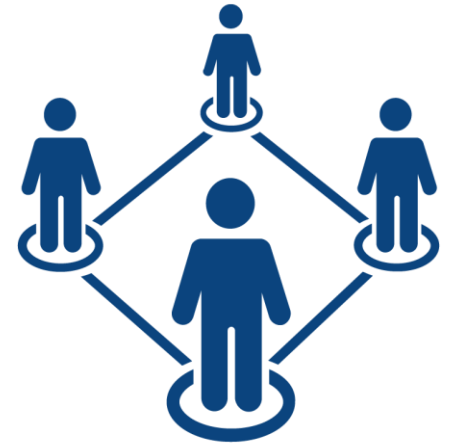
## In summary

- Tobacco dependence is the **single biggest modifiable risk factor** for adverse outcomes in pregnancy.
- Nicotine addiction is a **chronic relapsing remitting medical condition**.
- We are **not all at equal risk**. Tobacco dependence in pregnancy is an indicator of wider inequalities.
- **Effective treatment will save babies lives**



# Thank you for listening

Contact me: [sonya.scott2@phs.scot](mailto:sonya.scott2@phs.scot)



# NHS Highland Smoke-free Pregnancy Service

Cat Clark and Lorna MacKenzie  
Smoking Cessation Midwives

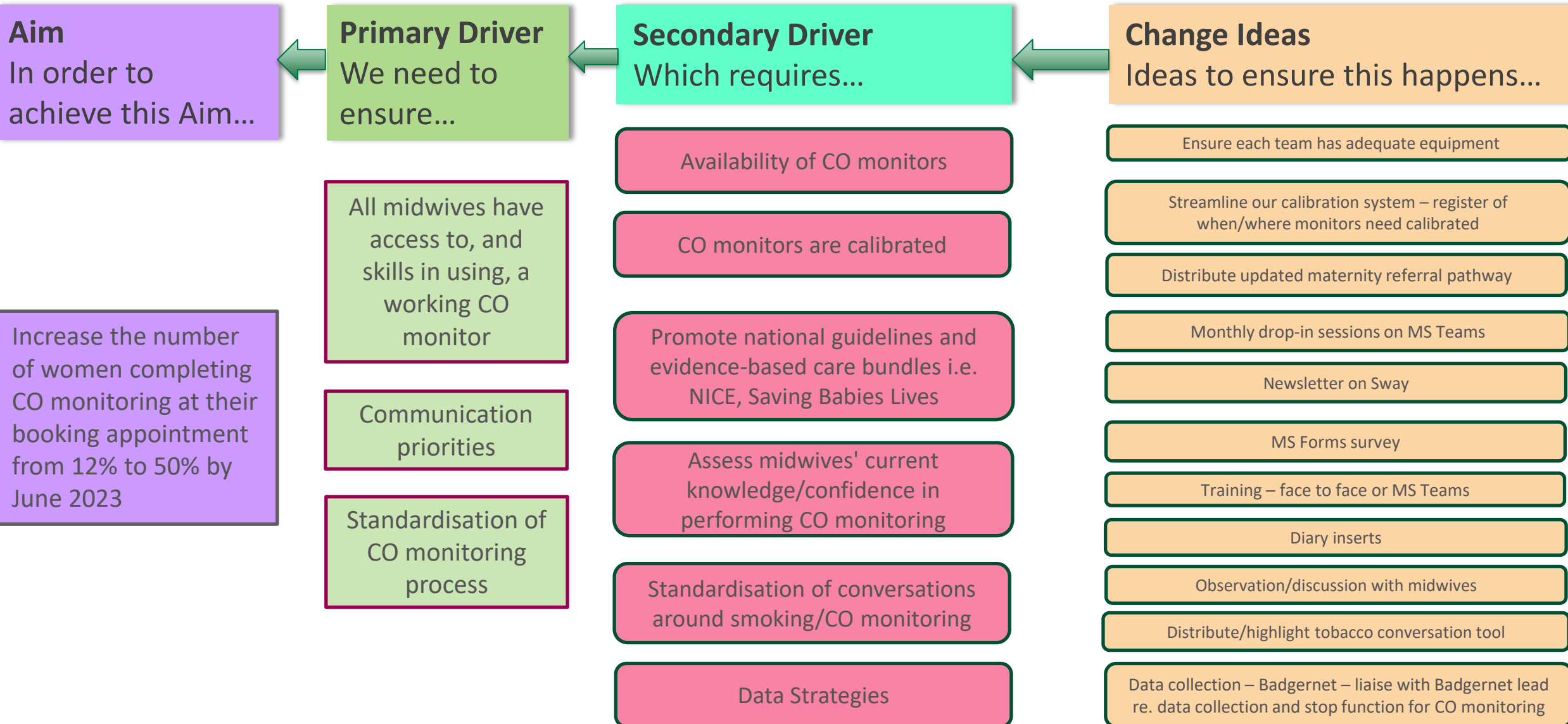


# What have we done?

We have focused on improving:

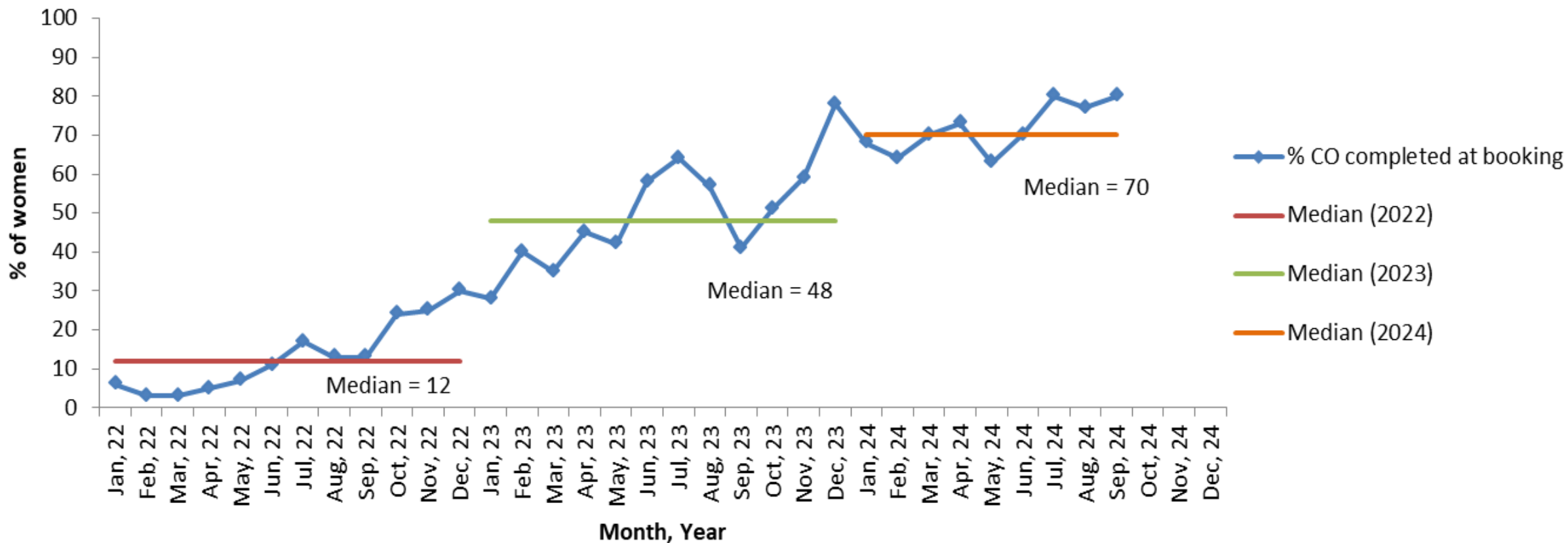
- CO monitoring rates
- Staff Education
- Patient Resources
- Service Provision
- Communication

# Driver diagram



# CO Monitoring statistics

## % of women who completed CO monitoring at their booking appointment, NHS Highland (North)



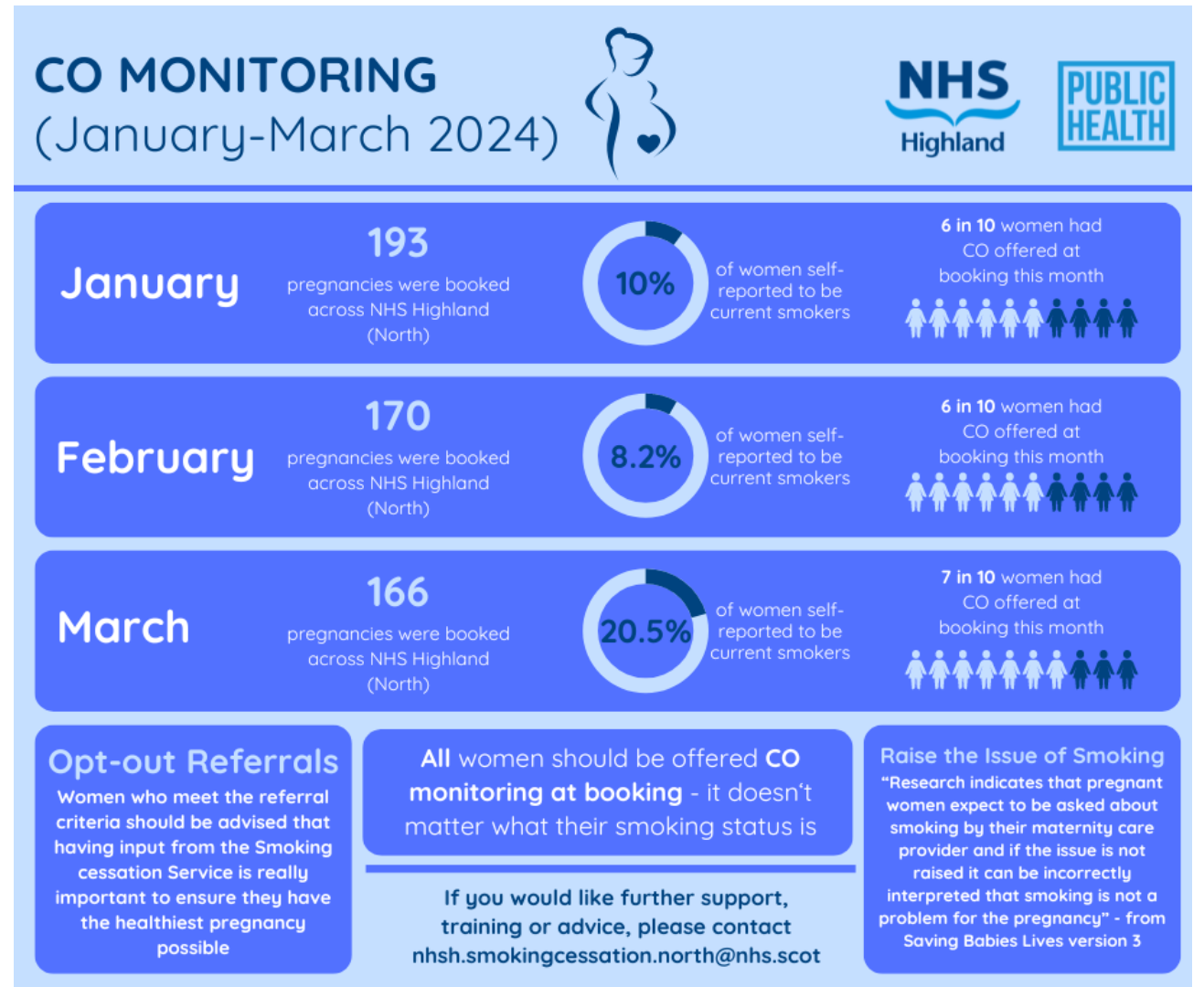
## Video resources

[NHS Highland - How smoking harms your baby \(video\)](#)

[NHS Highland - The effects of smoking on your baby \(video\)](#)

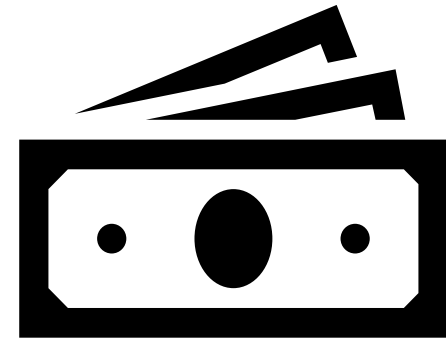
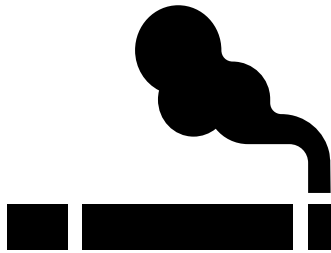


# Infographics



# What are we doing?

## Financial Incentive Scheme pilot



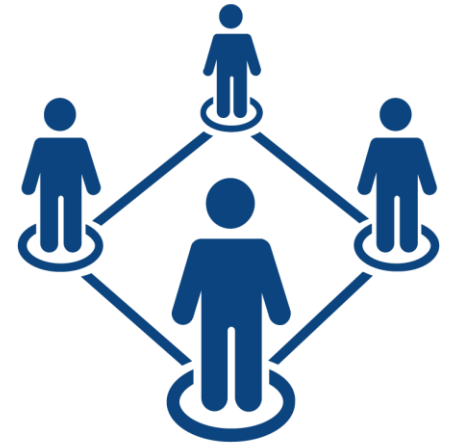
# What's next?

- Rollout and analysis of our pilot incentive scheme
- Optimise CO monitoring throughout pregnancy
- Explore training in Cognitive Behavioral Therapy (CBT)
- Pathways for cannabis smokers

# Thank you for listening

Contact us:

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# Group discussion – attitudes, beliefs, values

How does this picture make you feel?



# Group discussion

Make sure everybody  
knows each other

Write down examples on  
sheet provided

Info will be collated and  
shared via flash report

CO Monitoring at booking  
and 36 weeks



**What are you doing well and  
can share?**

Opt out referral



**What challenges are you  
facing?**

Offer of referral for  
significant others



**How might you overcome  
those challenges?**



# Keep in touch

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