

Health and Wellbeing Board

10 April 2025

Smoking at Time of Delivery (SATOD)

Report from: David Whiting, Director of Public Health

Author: Julia Thomas, Head of Health Improvement

Summary

The Government aimed to reduce Smoking at Time of Delivery (SATOD) rates to 6% or less by 2022. ([Tobacco Control Plan](#)). At the current rate, the target will not be met until 2032. Progress has been made at a local level, however, further sustained efforts are needed from a range of partners.

This report updates on efforts in Medway to reduce SATOD rates.

1. Recommendations

- 1.1. The Health and Wellbeing Board is asked to note the report and provide any feedback or comments.
- 1.2. The Health and Wellbeing Board is asked to consider how they or the organisations that they represent can help to achieve the Government's ambition.

2. Budget and policy framework – NHS Long Term Plan Funding (LTP)

- 2.1. In 2019, the Government announced additional funding for the NHS, planning to make the NHS fit for the future for patients, their families and staff. The [NHS Long Term Plan](#) (LTP) has secured and improved a funding path for the NHS, averaging 3.4% a year over the next five years (2019-2024). Compared with 2.2% for the previous five years (2014-2019).
- 2.2. The LTP outlines new NHS commitments to improve prevention and aims to help England become a smokefree society. It supports people

in contact with NHS services to quit smoking, using proven models from Canada (Ottawa Model) and Greater Manchester (Cure Model).

The plan included:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- The model will be adapted for expectant mothers, and their partners, with a new smokefree pregnancy pathway
- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

3. Background

- 3.1. Addressing smoking at delivery is crucial for maternal and infant health, as it leads to poor birth outcomes and worsens health inequalities.
- 3.2. Smoking increases the risk of complications like stillbirth, preterm birth, miscarriage, low birthweight, and sudden infant death syndrome. It also contributes to health inequalities, with higher smoking rates among pregnant teenagers and those in disadvantaged areas.
- 3.3. Medway Council aims to reduce the percentage of mothers smoking at delivery to below 7% by 2027/28. In 2023/24, the SATOD rate decreased to 9.1%, ahead of the target of 9.4%.
- 3.4. The support landscape for quitting smoking during pregnancy has significantly transformed over the past decade, with various partners contributing to this effort.

4. Progress to date

4.1. **Medway Council – Public Health (Health Improvement)**

- 4.1.2. The Smokefree Families team focuses on engaging and treating postnatal individuals and their significant others to reduce relapse risk. They offer free support for quitting smoking until the child is 2 years old, including face-to-face and telephone support, advice on managing cravings and stress, nicotine replacement treatments, and vape starter kits.
- 4.1.3. The Smokefree Families team works closely with Health Visting Service commissioning colleagues. Key performance indicators (KPIs) are in place ensuring families have equitable access to support and treatment services.
- 4.1.4. The 'Little Lungs' campaign aims to give Medway families a smokefree start in life. Co-designed with neonatal specialists, midwives, and public health colleagues, it offers:

- Advice and support to create a smokefree home
- Help for parents and significant others to quit smoking, including NRT or vape options and weekly behavioural support
- Relapse prevention support
- Training for acute staff is underway

4.1.5. Ongoing delivery of training to Student midwives at Canterbury Christchurch University

4.2. **Medway NHS Foundation Trust (MFT)**

4.2.1. Element 1 of the Saving Babies Lives' Care Bundle Version 3 (SBLCBv3) aims to reduce smoking in pregnancy by providing NHS-funded tobacco dependence treatment in maternity settings, following NHS LTP and NICE guidance. This includes carbon monoxide testing and enquiring about smoking status at antenatal appointments. Pregnant smokers receive an opt-out referral for in-house support from a trained Tobacco Dependence Adviser, who offers a personalised care plan and support throughout pregnancy.

4.2.2. In May 2023, Medway NHS Foundation Trust (MFT) established an in-house smoke-free pregnancy pathway, achieving full coverage by January 2024 with guidance and support from the Public Health Team. Tobacco Dependency Advisors, trained to Level 2 National Centre for Smoking Cessation (NCSCT) standards and with additional pregnancy-specific training, were employed to deliver the service. (Appendix 2 shows the timelines and impact).

4.2.3. Clinics are delivered in community settings, with appointments also offered on-site at the hospital or as home visits where appropriate.

4.2.4. In May 2024, MFT introduced the governments Swap to Stop initiative, by helping smokers to quit by switching to vaping. This was carried out by supplying Free vape starter kits to pregnant people.

4.2.5. In January 2025, MFT initiated in the [National Smoke-free Pregnancy Incentive Scheme](#) (NSPIS). This scheme is to support pregnant women in quitting smoking. The incentive offered through this scheme includes Love2shop vouchers, which are provided as follows:
Weekly Vouchers: For the first four weeks of the quit attempt.
Monthly Vouchers: Until the birth of the baby.
Additional Vouchers: At one month and three months postpartum.

These vouchers are given to encourage and support pregnant women to remain smoke-free, verified through regular carbon monoxide (CO) testing.

4.3 NHS Kent and Medway Local Maternity and Neonatal System (LMNS)

- 4.3.1. The LMNS supports all acute Trusts to achieve the objectives set out in the [3 Year Delivery Plan for Maternity and Neonatal Services](#). This includes making care safer by consistently implementing the best practice contained in Saving Babies Lives Care Bundle version 3, (SBLCBv3) a package of interventions to reduce stillbirth, neonatal brain injury, neonatal death, and preterm birth.
- 4.3.2. The Kent and Medway LMNS ensures that local Trusts provide safe, equitable, and quality care for women and birthing mothers. It leads and oversees the delivery of maternity in-house tobacco dependence treatment services. The LMNS collaborates with stakeholders to create consistent care pathways, digital solutions, referral routes, training packages, and data collection systems.
- 4.3.3. The Kent and Medway LMNS is collaborating across the region to reduce SATOD rates and mitigate the risks associated with smoking during pregnancy.
- 4.3.4. The internal LMNS Quality Team works with acute Trusts to identify areas for improvement and best practice. Lessons are shared across the system. Trusts receive support through quarterly assessment of their implementation and quality impact meetings for SBLCBv3, as well as a weekly peer support group.

5. Advice and analysis - actions needed to continue to improve outcomes

- 5.1. Reducing smoking at time of delivery is crucial for improving the health outcomes of both mothers and babies. The following approach, from Health and Wellbeing Board Members will support an environment that encourages smoking cessation during pregnancy.

5.2. NHS Acute Trusts

- Support all maternity staff to access training to be able to offer quick advice on quitting smoking and refer to specialised Tobacco Dependency Advisors (TDAs).
- Accurately record smoking at booking and at time of delivery.
- Ensure that all pregnant women who smoke receive a plan to help them quit, including advice and medication.
- Provide relevant pharmacotherapy to support pregnant women to quit.
- Support national smokefree sites guidance embedding the Ottawa and CURE Project management Models.
- Ensure MFT (NHS tobacco dependence treatment services for pregnant women) are supported at local MFT and ICB system

level and sustained long-term. Including Opt-out support to quit smoking alongside maternity care.

- To include targeted interventions in settings such as neonatal intensive care units where parents are likely to have above-average smoking rates.

5.3. Integrated Care Boards

- Continue to support the Monitoring and Implementation of the NHS Long Term Plan funding including monitoring of outcomes.
- Promote services across the community where advice, support and pharmacotherapies can be made available.
- Embed prevention within strategic plans and commissioning processes.
- Support Local and National campaigns to inform the public about the dangers of smoking during pregnancy.
- Ensure MFT (NHS tobacco dependence treatment services for pregnant women) are supported at local MFT and ICB system level and sustained long-term.

5.4. Local Maternity and Neonatal System (LMNS)

- Working together with smoking cessation programmes to provide continuous support to women.
- Recruit tobacco dependency advisors in maternity services who focus on helping pregnant women to quit smoking.
- Automatically refer all pregnant women who smoke to quitting services.

5.5. Mental Health Trusts

- Support the enforcement of no-smoking rules in mental health settings.
- Include quitting smoking as part of mental health treatment plans.
- Train all staff to raise the issue via on the National Centre for Smoking Cessation Training (NCSCT) online training portal.
- Ensure that there is access to pharmacotherapies to help support with quit attempts considering mental health treatments.
- Create peer support networks where people with similar experiences can help each other quit smoking.

5.6. Community NHS Services

- Train all staff to raise the issue via on the National Centre for Smoking Cessation Training (NCSCT) online training portal.
- Ensure that all staff can easily refer pregnant women to local stop smoking services.
- Provide free, friendly, and expert advice to help pregnant people quit smoking.

- Run and support local and National Campaigns to raise awareness about the dangers of smoking during pregnancy and the support a valuable to help women quit.

5.7. Medway Council

- Commit, locally, to develop and fund models of care to prevent relapse to smoking postnatally. (as nearly half of women who quit smoking during pregnancy relapse post-partum).
- Continue to extend tobacco treatment services to support people to maintain abstinence in the postpartum period and to support partners and significant others will have far reaching affects across the life course.

5.8. Everyone's Business – whole system approach

- Support all sites to develop and implement policies to become smokefree.
- Champion the passing of the [Tobacco and Vapes Bill](#) which introduces legislation to reduce the burden of tobacco on our communities.
- Commit, locally, to a new target for reducing SATOD rates to 4% by 2030, putting England back on track to deliver a smokefree start for every child before 2040.
- Support the full implementation and extension of the national financial incentive scheme beyond March 2025. This scheme, offering vouchers and behavioral support, aims to promote a smokefree start for every child. Current funding ends in 2024/25, creating uncertainty for services. This evidence-based approach should be a standard part of support for pregnant people.

6. Risk management

By not acknowledging the below risks, there is the potential that we, as an ICS footprint, miss the Government's ambition and in turn do not reduce the harm of tobacco on the community and future generations.

Risk	Description	Action to avoid or mitigate risk	Risk rating
People relapsing to smoking postnatally or between pregnancies	No current coherent national approach to relapse prevention for this cohort.	Consider insights gathering at a local level. Co-design services with service users at forefront.	All
Not tackling smoking in high prevalence communities	Dedicated investment is needed to accelerate progress among pregnant people facing multiple	Consider allocation of resource for a targeted pilot.	BII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	challenges, particularly for people with co-occurring mental health and substance use issues.		
Uncertainty regarding NHS staff contracts, longevity and sustainability of staffing and therefore interventions	Tobacco Dependency Advisors at MFT remain on fixed-term contracts as the Trust has not yet received reassurance of on-going yearly funding.	Reassurance in the form of a Memorandum of Understanding (MOU) or Contract between contributing partners. (ICB/NHS)	AI
Delayed funding	2024/25 funding for the NHS LTP delivery arrived at Trust in Quarter 4, January 2024/25, limiting ability to reach potential.	Future proofing and planning with all contributing partners – steering and advocacy at system level.	BII
Missed data	SATOD will be reported via the Maternity Services Data Set (MSDS), which is not currently mapping the SATOD accurately.	Ongoing collaboration with Trust Business Intelligence team and Digital Midwife to work to resolve this prior to the take-over.	CIV

Likelihood	Impact
A Very likely	I catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	IV Minor

7. Consultation

7.1. To ensure a comprehensive, system-wide approach the following partners will be consulted on any alternations, advice and analyses:

- Medway NHS Foundation Trust
- NHS Kent and Medway Local Maternity and Neonatal System
- NHS Kent and Medway Integrated Care Board (ICB)
- Public Health at Medway Council

8. Climate change implications

8.1. Reducing smoking at the time of delivery primarily focuses on improving maternal and infant health, but it can also have some indirect climate change implications to broader environmental benefits such as:

- The environmental impact of tobacco production as the tobacco industry significantly impacts the environment through deforestation, water and soil depletion, and greenhouse gas emissions
- Reducing smoking can decrease the demand for tobacco, potentially lessening these environmental impacts.
- Reducing waste as cigarette butts are a major source of litter and environmental pollution. Fewer smokers mean fewer cigarette butts, which can help reduce pollution and its harmful effects on ecosystems
- By addressing smoking during pregnancy supports wider health and social benefits. This leads to better health outcomes for mothers and infants, reducing healthcare costs and improving quality of life. Healthier populations are better equipped to engage in sustainable practices and contribute to climate resilience

9. Financial implications

- 9.1. There are no direct financial implications as a result of the recommendations in this report. The current activity delivered as a cohesive system is funded through existing revenue budgets (i.e., Public Health Grant and NHS LTP funding) and are not currently projected to represent a budget pressure for 2025/26.

10. Legal implications

- 10.1. There are no direct legal implications as a result of this report.

Lead officer contact

Julia Thomas, Head of Health Improvement
Julia.thomas@medway.gov.uk

Appendices

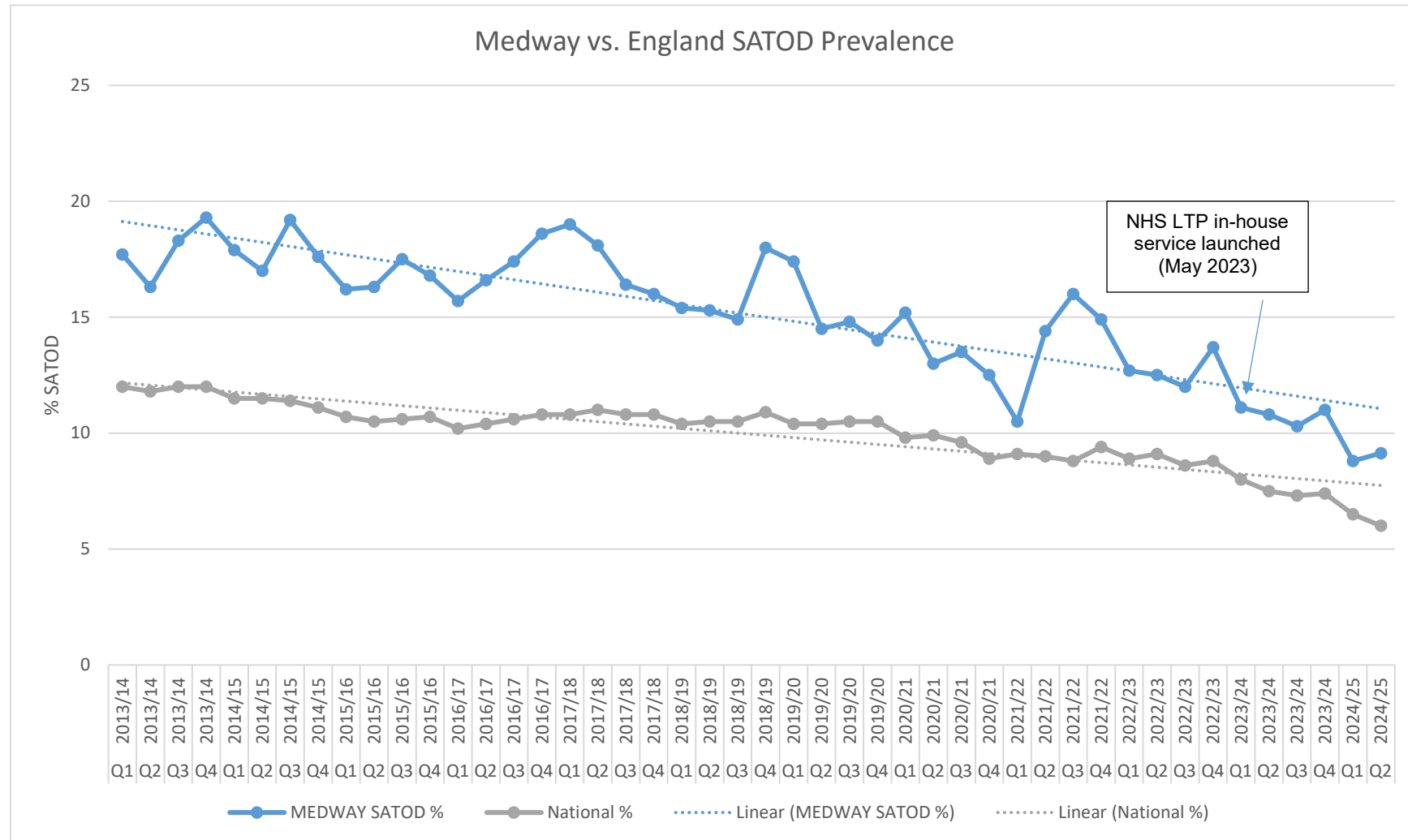
Appendix 1 Medway vs. England SATOD prevalence – rate of decline since 2013

Appendix 2 SATOD since the launch of the in-house Maternity Tobacco Dependency Service

Background Papers

None.

Appendix 1 – Reduction in SATOD prevalence since 2013.



**Appendix 2 – SATOD prevalence since the launch of the in-house Maternity Tobacco Dependency Service.
(MFT)**

