

# Womb for improvement

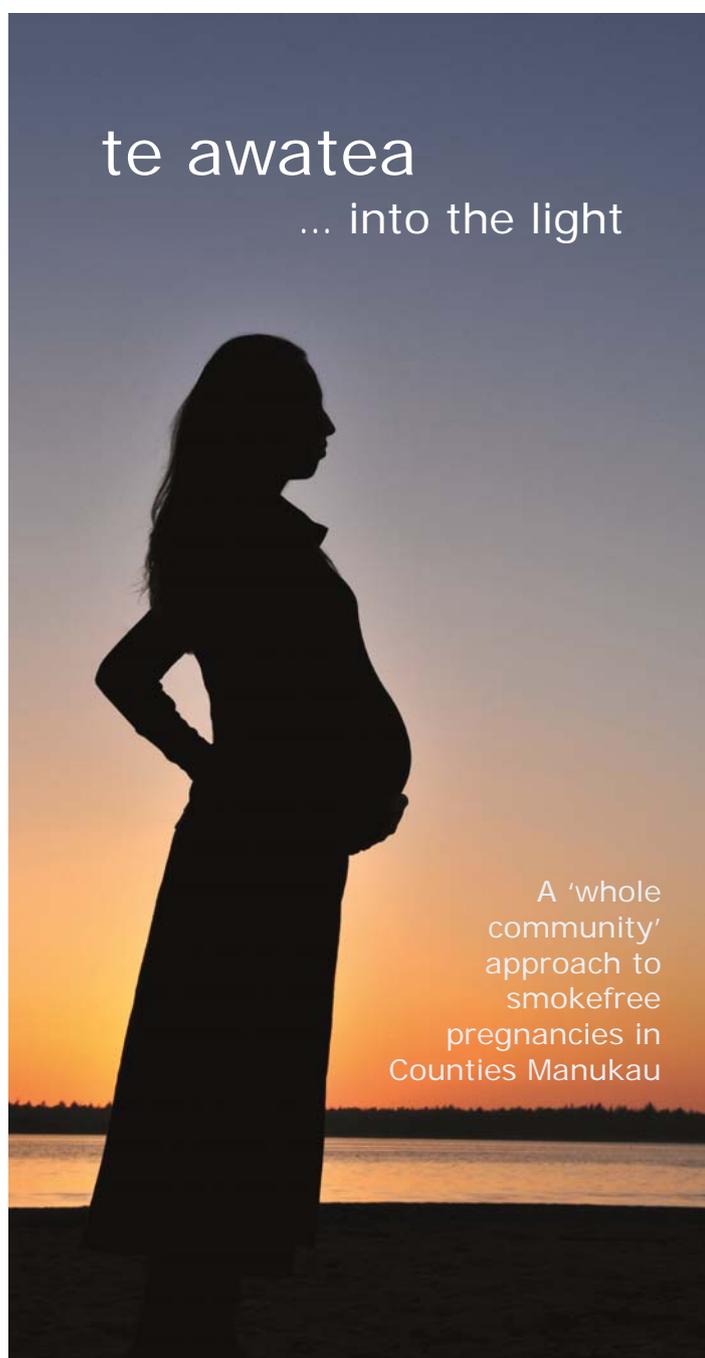
## Where is the action on smoking in pregnancy?

Stephanie Cowan, Change for our Children, Carol Reardon and Jo Houston, Smokechange, Christchurch, New Zealand

### INTRODUCTION

Smoking in pregnancy is well-established as a major preventable risk factor for adverse outcomes in pregnancy, infancy and childhood. Why then is the level of action on smoking in pregnancy far from its priority status as a risk to infant life? While attention turns to preventing accidental suffocation through Safe Sleep campaigns, smoking can be left in the shadows or 'too hard' basket. It can and must be changed if we are serious about protecting infant life.

This presentation describes a replicable approach to addressing smoking in pregnancy. Called 'Te Awatea', the programme takes a 'whole of community' approach to increasing smokefree pregnancies in South Auckland, New Zealand, where pregnancy smoking rates, and sudden infant death rates, are more than twice that for the country.



### A 'WHOLE OF COMMUNITY' APPROACH

The vision of Te Awatea is 'every pregnancy smokefree'. The concept, which means 'into the light', is most fitting for the transformational work required. We are engaging the whole of the South Auckland community (9000 births per year) through clear roles, shared leadership, broad participation and sustained action, so as to create a 'new normal' for unborn babies of the region.

**Professional champions:** A network of 12 health and community professionals from agencies across the region were trained to champion smokefree pregnancies within their settings. They were supported with an education package for promoting the issue and aligning support for a concerted effort by the health care workforce. Within the first year, the network exceeded the collective performance target of 500 colleagues through the programme.

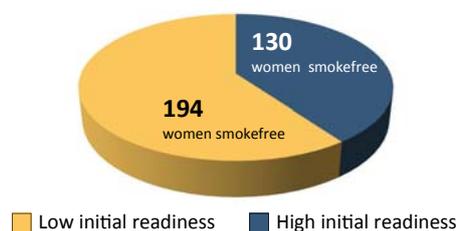
**Whanau/family champions:** A network of 80 community people was formed. They were smokefree, and drawn largely from family members of pregnant women who had been referred to an intensive smokefree pregnancy support service, called Smokechange. Whanau champions were given a 60 minute training in how to have two key conversations within their social networks:

- ▶ Why a smokefree pregnancy is so very important
- ▶ How to support people through smokefree change.

Whanau champions were supported with two visual aids (Talk Cards) to help shape each discussion and were expected to provide recorded evidence of their first 10 conversation for evaluation purposes. A NZD\$200.00 voucher was provided as appreciation. Within the first year, 92 champions were trained and 80 provided completed paperwork, with evidence for a collective 800 smokefree pregnancy conversations undertaken in a high priority community.

**Referral service:** In the first year, more than the contracted maximum of 200 women and 100 partners were referred to the intensive support of a dedicated smokefree pregnancy service (Smokechange), where 60% of all women who become smokefree are assessed as 'low ready' when they enrol.

**Figure 1. Smokefree outcomes by differences in initial readiness**  
(for 324 pregnant women who became smokefree from 1139 Smokechange participants)



**Summary:** Smoking in pregnancy can be changed. A 'whole of community' approach combined with intensive support for working with 'low' as well as 'high' ready women, makes a cost-effective intervention.