
Smoking Clinic Targeting Indigenous Maternal Smokers

Initiative Type

Model of Care

Status

Close

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<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/smoking-clinic-targeting-indigenous-maternal-smokers>

Summary

Aboriginal and Torres Strait Islander women are more than three times more likely to smoke during pregnancy than non-Indigenous women, greatly increasing the risk of poor birth outcomes.

Key dates

Jul 2016

Implementation sites

Darling Downs Hospital and Health Service

Partnerships

Preventive Health Branch, Quitline, Hospital Foundation, Aboriginal Outreach Community Midwives, Aboriginal Medical Centres, Southern Queensland Rural Health

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Aim

Reduce maternal indigenous smoking in Darling Downs.

Benefits

- reduces the chances of having premature births, babies with low birth weights and miscarriage.
- decreases the excess risk of many diseases related to second-hand smoke in children, such as respiratory diseases (e.g., asthma) and ear infections.

Background

The Darling Downs Hospital and Health Service identified that there was currently no official strategy for achieving the Closing the Gap (CTG) Targets to reduce Maternal Indigenous Smoking in Darling Downs Hospital and Health Service (DDHHS). Currently it was a segmented approach that included;

1. Ante-natal clinic completion of Smoking Cessation Clinical Pathway with possible referral to Quitline or CTG Pharmacist.
2. Referral to CTG Pharmacist from a local Aboriginal Medical Centre.
3. Referral to CTG Pharmacist from an Aboriginal Outreach Community Midwife services.

With no one responsible for assessing the data and outcomes, and actively providing education to assist promoting cessation, and no one providing intense interventions to indigenous mothers who smoke during pregnancy.

Solutions Implemented

1. Reports from Activity and Costing Evaluation Services were generated to identify the numbers of birthing mothers in Toowoomba Hospital from the previous year to establish a baseline. (35 per cent of births were to indigenous mothers who smoked.) Monthly reports of birthing statistics have been implemented for monitoring smoking rates.
2. Education sessions on smoking cessation intervention provided to midwives that included Quit for You, Quit for Baby (QfYQfB) program information, with detailed sessions that included Nicotine Replacement Therapy (NRT) education.
3. Established that there was a need for more resources to be available to community midwives for better intervention success – provision of Product Demonstration Kits and purchase of Smokerlyser (Carbon monoxide breath tester) to improve education of clients and increase motivation to quit.
4. Collaboration with Aboriginal Outreach Midwifery Team – Boomagam- to develop a referral pathway for identified pregnant smokers and clinic guidelines that included joint home visits.
5. Collaboration with Aboriginal Medical Services to establish referral pathways for identified pregnant smokers and opportunities to attend Mothers groups for educational group sessions.

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6. Consultation with research officer at Southern Queensland Rural Health who has experience in maternal smoking intervention trials.
 7. Pregnant smokers referred and triaged as Cat 1 – contact made within 7 days if possible. Home visits conducted to address barriers and improve engagement. Products demonstrated and Expired Carbon monoxide levels checked. Assessment and treatment plan developed and subsequent visits to modify treatment plan and support.
 8. Referrals to Quitline as extra support and to obtain access to free NRT.

Evaluation and Results

Since April 2018:

- 7 new Boomagam clients identified as smokers and referred to CTG Pharmacist.
- 2 referrals to CTG Pharmacist from AMS GP.
- 2 referrals for partner assistance.
- 2017-2018 = 27 Quit for You, Quit for Baby referrals made from Toowoomba Hospital including 12 Indigenous clients.

Identified the need to:

- Trial an incentive-based program to encourage engagement and sustain participation.
- Continue education of all ante-natal midwives in brief smoking intervention to maintain focus.
- Widen direct referral pathways to include non-Boomagam clients.
- Re-modelling of service to allow more Health Worker involvement in treatment plan to improve service capacity.

Lessons Learnt

Persist with education of all stakeholders in patient care at any opportunity to provide consistent message to the patient. The better educated potential referrers are about NRT and cessation the more likely patient is to accept a referral and engage. If the service is to address needs of all Indigenous Smokers who are pregnant in DDHS, more Tobacco Treatment Specialists will need to be trained.

References

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