# National Smoke-free Pregnancy Incentives Scheme Briefing





#### Introduction

The National Smoke-free Pregnancy Incentive Scheme (NSPIS) is a world leading scheme that builds on the treatment for tobacco dependency already being delivered in maternity units. The scheme provides shopping vouchers to pregnant women who smoke, or have recently stopped smoking, and who sign up to stop smoking support and successfully stop smoking during pregnancy and post-partum. It is one of several measures intended to contribute towards achieving the Smokefree 2030 ambition.

This briefing is primarily intended for maternity service commissioners and service leads, and complements the **NCSCT NSPIS online training module**. It summarises the main components and benefits of the scheme, and provides case studies from organisations who are currently running a pregnancy incentive scheme.

## Who can deliver the NSPIS?

The NSPIS is delivered by Pregnancy Stop Smoking Practitioners within NHS maternity-led tobacco dependency services, community stop smoking services and services where the NHS uses a third-party provider. The NSPIS can be delivered in a variety of settings.

Access to the NSPIS is triggered by midwives when they test for carbon monoxide (CO) and deliver Very Brief Advice on Smoking (VBA+) when a pregnant woman attends her first antenatal appointment. **Midwives should refer all pregnant women who smoke or have recently stopped smoking to the Pregnancy Tobacco Dependency Treatment team.** 

Pregnancy Stop Smoking Practitioners will then assess womens' eligibility for the NSPIS. As per the current support available to pregnant women who smoke, women will receive structured behavioural support in line with the NCSCT Standard Treatment Programme for Pregnant Women in addition to receiving vouchers via the NSPIS.

## How do we get involved?

The scheme is funded by the Department of Health and Social Care. Information regarding joining and delivery of the scheme can be found via the NHS England, tobacco dependency, NSPIS webpage. You can also contact the NSPIS delivery team at nhsgm.nspis@nhs.net for further information.

## What training is required?

The NCSCT provides a free **online training module** that covers the knowledge and skills required to introduce and discuss stop smoking incentives in pregnancy.

The first part of the module (time to complete: 30 minutes) is for **maternity care providers** who deliver VBA+ and carry out the initial CO testing of pregnant women at their first antenatal appointment with a midwife.

The second part of the module (time to complete: 30 minutes) is for **Pregnancy Stop Smoking Practitioners** who are already trained to support pregnant women by providing multi-session behaviour support and stop smoking aids. Practitioners should complete the first and second part of the module (60 minutes in total).

In addition, Pregnancy Stop Smoking Practitioners delivering the scheme will require operational and database training for the NSPIS. This will be discussed during the process of your organisation joining the scheme. Contact the delivery team for more information: <a href="https://www.nspis.org">nhs.net</a>



## Why should pregnant women be offered the NSPIS?

There is over 20 years of UK based evidence showing how effective incentive schemes are. Incentives in the form of shopping vouchers have proven highly effective in tackling smokingrelated health inequalities. They have helped pregnant women to both stay engaged with stop smoking support throughout pregnancy, and to remain smoke-free in the months immediately following delivery – a period when relapse rates are often at their highest.

The evidence shows that a combination of financial incentives and stop smoking support more than doubles the quit rate amongst pregnant women. A Cochrane review of all smoking cessation evidence showed that financial incentives were the strongest of any smoking cessation intervention in pregnancy. **NPSIS is a life-saving and life-changing intervention for pregnant women, babies and their families**.

Stopping smoking during pregnancy can be extremely difficult for many reasons but brings huge benefits. In addition to the health benefits for mother, baby and the whole family, the scheme brings financial savings to the NHS. For every £1 spent on the scheme, £4 is saved in the NHS.

# Shouldn't women just stop because they want to and not because they get paid to stop?

In general women who smoke when pregnant want to stop, it's just that they do not find it easy to do so. Women who continue to smoke in pregnancy are generally more tobacco dependent and it is this dependence that makes smoking a chronic relapsing condition. Many women will have tried to stop on their own and been unsuccessful. They want to quit but they often have a lot going on in their lives, and partners, families and friends are not always supportive of their quitting.

Women who continue to smoke in pregnancy often also have very complex challenges in their lives, in addition to trying to manage the emotional and physical changes associated with being pregnant.

## How do incentives support women to quit?

Women receiving financial incentives show increased motivation to engage with stop smoking services and access support to quit.

Often the barrier to quitting for women is not knowing what to expect from stop smoking support, therefore the number of women engaging with services is low. **Incentives provide motivation and encourage them to have that first assessment with a stop smoking practitioner. The practitioner can then use their skills to build rapport and explain the incentive scheme to maintain engagement**.

The staggered voucher payments provide an additional motivation to keep going. The vouchers can be used on anything the women choose, apart from tobacco, alcohol and lottery tickets. The ongoing incentive payments recognise and reward their achievement, giving them a boost and additional reason to remain smokefree.

In addition, women can use the voucher scheme to explain to others why they are stopping smoking. It can give them confidence to talk with their partners too, and most will have family and friends who smoke. It's an additional reason to quit and can prevent isolation from family at a crucial time.

## Who is eligible for the scheme?

All pregnant women who smoke or have recently stopped smoking should be referred to the Pregnancy Tobacco Dependency Treatment team.

Women are eligible to join the scheme if they:

currently report smoking

or

have stopped smoking in the last 14 days

and

are between 6 and 31+6 weeks (inclusive) gestation

Those signed up to the scheme can receive the vouchers at key points during the stop smoking programme. Receiving their vouchers is dependent upon:

- Setting a quit date
- Attending their stop smoking appointments
- Remaining smoke-free after their quit date
- Having a CO reading below 4 ppm after their quit date

They must meet all criteria at each voucher award point.

## What is the voucher schedule?

The first voucher (£20) is provided on signing up to receive stop smoking support and setting a quit date. Vouchers will be provided weekly for the first four weeks post-quit (£20). They are then issued monthly through to birth (£20).

There are two post-partum incentive payments at four weeks (£100) and twelve weeks (£60) following the birth.

The maximum value of vouchers for those who sign up to the scheme early in pregnancy and remain smoke-free throughout pregnancy and post-partum is £400.

## What can the vouchers be used for?

The vouchers supplied are Love2shop vouchers. These can be used in any shop that accepts them to buy goods for the woman, the baby or her family. **They cannot be used for tobacco**, **alcohol or lottery tickets**.

They can be used individually and immediately or saved up and used together later. Women will receive a voucher card at the first payment point. This will then be electronically topped up at each successful award point.

## What happens if they have a lapse/relapse and start smoking again?

The rules are clear that with a first lapse back to smoking, the scheme can be reset with payments halved for the first four weeks from the new quit date to the four-week quit point.

A second lapse means that the woman is no longer eligible for the scheme and will not receive further vouchers. They will continue to receive behavioural support and stop smoking aids from the Pregnancy Stop Smoking Practitioner.

#### **NSPIS case studies**

# Sherwood Forest Hospitals

## Phoenix Team, Sherwood Forest Hospitals NHS Foundation Trust

Claire Allison, Tobacco Dependency Maternity Lead



A financial incentive scheme was implemented as a one-year pilot in March 2022, following investment from our Local Maternity and Neonatal System (LMNS). NICE guidance (NG209) was followed and the total voucher value of £400 was spread across the pregnancy to six weeks post-birth. The pilot scheme was independently evaluated by Nottingham Trent University.

#### Outcomes

During the period of the incentive scheme, the number of women setting quit dates more than doubled. Pregnant women with low-risk pregnancies who stopped smoking appeared to achieve maternity outcomes very similar to those who do not smoke. This included behaviour choices such as breast/chest feeding.

On average, it took three weeks for participants to commit to a stop smoking date.

- 88% of participants were smoke-free at birth
- **83%** of participants were still smoke-free six weeks postnatal
- 18% of homes became entirely smoke-free

The smoking at time of delivery (SATOD) rate has declined. It was reported as 18% (2020/21) before the Phoenix Team service commenced and is currently 12% (2023/24). A one percentage point reduction in the smoking rate equates to an annual saving to the Trust of around £100,000.

Women reported significant positive emotional responses to the support given by the Phoenix Team. It was felt that the team and the Love2shop vouchers made an important contribution to participants' ability to set a quit date and achieve their stop smoking objectives.

The Phoenix Team worked to reduce barriers to engagement with the service. This included both emotional barriers such as not being judgemental, and practical barriers such as collecting participants from a maternity appointment. These actions acted to reduce procrastination, which was often due to anxiety or perceived stigmatisation. Participants acknowledged the incentive scheme as a motivational influence and a variety of products were purchased with the vouchers, including school uniforms, fuel to get to work, driving lessons to support future employment and a breast pump.

following the pilot outcomes at the Trust.

The incentive scheme has received substantive funding following the pilot outcomes at the Trust. The use of incentives in addition to the usual tobacco dependency treatment support offers good value for money and will make an important contribution to achieving the smoking and pregnancy objectives set out in the NHS Long Term Plan.

#### Message to other services

"Financial incentive schemes offer clinicians an effective approach to encouraging pregnant people to set a quit date with continued tobacco abstinence until birth, that will reduce risk and increase maternity safety. The support provided to pregnant people to stop smoking and the incentive programme, is literally 'saving babies' lives.'"

## Learning point from this case study

The impact of the scheme was underestimated. The benefits of the scheme included overcoming stigmatisation, judgement and guilt, feelings of empowerment, self-confidence and self-efficacy, as well as health and financial benefits.

#### **Greater Manchester Smokefree Pregnancy Programme**

#### Jane Coyne, Treating Tobacco Dependency Lead, NHS Greater Manchester

In 2018 NHS Greater Manchester (GM) introduced a financial incentive scheme as a key behaviour change intervention helping to transform our GM Maternity Pathway and champion smokefree pregnancies as part of a wider innovative and digitised GM Smokefree Pregnancy Programme. Since then, the SATOD rate has dropped nearly 50% to 6.1% (Q1 24/25) – the lowest ever level in GM – resulting in 6,000 more babies being born smoke-free in our city-region.

Over 60% of pregnant women referred to our bespoke maternity treating tobacco dependency services achieve four-week quits, with engagement with services increasing from 20% at the start of the programme to over 80%, helping to support new mums to sustain longer-term quits after pregnancy.

The GM Smokefree Pregnancy Programme focuses efforts on treating tobacco dependency in pregnancy through a tailored programme of evidence-based interventions. The programme provides a practical, standardised approach to reduce smoking in pregnancy. Following NICE guidance and tobacco control principles, it includes universal CO screening during pregnancy and referring those with an elevated reading through an opt-out referral to stop smoking services that are embedded in routine maternity care.

#### The impact of incentives

Most women who smoke in pregnancy and the post-partum period live in some of the UK's most deprived communities that have been hardest hit by the cost-of-living crisis. These vouchers have helped women to stay smoke-free but also save money by not buying cigarettes. A GM study at four NHS hospital trusts found that, of those who received vouchers over 12 months, 40% had still not smoked when their baby was one year old, compared with 21% of those who received vouchers over three months and 28% of those who received only usual care.

For one local couple, the incentives have been key in helping them stay smoke-free and provide essentials for their growing family. They said: **"The shopping vouchers have been a great bonus, that's in addition to all the money you save from not buying tobacco.** I've treated myself to a nice coat and we've been able to keep the freezer well stocked for the family – it's been a huge help."

Another local woman commented: "It wasn't easy quitting, especially as people I knew still smoked. However, with my maternity support worker's help, I got through the tough times, and I've now been smoke-free for nearly two years. The vouchers were a nice extra. I bought nappies for the baby and then at the end I was able to buy something nice for myself. Quitting gave me a healthy baby and it's great to know that I am giving us both a healthier future. I feel much better since quitting and I'm so happy that my home is now smoke-free." Carly Armstrong, Specialist Smokefree Pregnancy Midwife at Manchester University NHS Foundation Trust, said: **"The incentive scheme has improved engagement with the service and encouraged mums-to-be to remain smoke-free. It also boosts morale and motivation, helping mothers stay committed and empowering them to take control of their own health. The vouchers are a great reward and allow them to treat themselves or help in times of hardship."** 

Nicola Archer, Maternity Tobacco Dependency Advisor at Manchester University NHS Foundation Trust, said: **"The scheme has had a huge impact, not only to the engagement within the service but to the women we support and their families. The vouchers are not only a reward for the women but at times have been a lifeline, reducing financial pressures within the family home. The vouchers do help our women to stay committed to the smoke-free journey and this is leading to better health outcomes not only for themselves but also their families."** 

#### Message to other services

"The success in Greater Manchester demonstrates that incentive schemes are a proven way to improve engagement with stop smoking services and reduce smoking in pregnancy, leading to better health outcomes for parents, babies and their wider families.

The tangible benefits – from fewer smoking-related complications to safer, healthier pregnancies and births – highlight the lasting impact these schemes can have on public health, contributing to a generation of babies born free from the harm of tobacco smoke."

#### Learning point from this case study

When combined with specialist support and smoke-free treatments, incentive schemes can significantly reduce smoking in pregnancy, particularly when they are integrated into maternity care.

## Conclusion

Encouraging pregnant women who smoke to engage with stop smoking support services can be challenging. Evidence has shown that offering an incentive is effective in supporting women to engage with the stop smoking service, set a quit date, attend appointments and remain smoke-free. **The NSPIS can contribute significantly to reducing health inequalities and the prevalence of smoking at time of delivery, in addition to saving the NHS a considerable amount of money.** 



#### **Training and resources**

#### **Online training**

#### **NSPIS online module**

https://elearning.ncsct.co.uk/financial\_incentives-launch

#### **Briefings and guidance**

#### NHS England: National smoke-free pregnancy incentive scheme

www.england.nhs.uk/ourwork/prevention/tobacco-dependency-programme/ national-smoke-free-pregnancy-incentive-scheme/

## ASH: Evidence into Practice: Supporting smokefree pregnancies through incentive schemes

ash.org.uk/resources/view/evidence-into-practice-supportingsmokefree-pregnancies-through-incentive-schemes

#### **Cochrane: Incentives for smoking cessation**

www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004307.pub6/full

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