

A photograph of a pregnant woman with curly hair, wearing a grey top and a light blue puffer jacket, walking on a gravel path. She is holding the hand of a young child wearing a brown hat, a green shirt, a denim jacket, and black boots. An older woman with white hair and glasses, wearing a grey patterned sweater and white trousers, is walking alongside them, also holding the child's hand. They are in a park-like setting with trees in the background.

Helping with Smokefree beginnings

Case Study

Executive summary

Since its launch in 2018, the **Greater Manchester Smokefree Pregnancy Programme** has played a pivotal role in reducing smoking during pregnancy across the region. At inception, around **13%** of expectant mothers were smoking at the time of delivery. By 2025 this figure had been cut to **5.9%, resulting in 7,000 more babies being born smokefree.**

This achievement reflects the programme's strategic emphasis on early intervention and behavioural support. Maternity staff received specialised training to conduct carbon monoxide testing at every antenatal appointment and engage in motivational conversations to encourage quitting. In addition, dedicated maternity stop smoking teams were embedded within the maternity care pathway to provide tailored support, treatment, and financial incentives for women and their partners from the booking stage onward.

Overall, the programme demonstrates how a coordinated, evidence-based approach within maternity care can deliver measurable public health impact and create a lasting legacy for future generations.

Timing: 2018-2025 to date

What did we do?

The Greater Manchester programme focuses on treating tobacco addiction during pregnancy through a tailored approach, offering evidence-based interventions approved by the **Smoking in Pregnancy Challenge Group** — a coalition of health and baby charities committed to reducing smoking in pregnancy. The programme provides a practical, standardised approach by following NICE guidance and tobacco control principles, including universal carbon monoxide screening during pregnancy and referring those with a positive reading to stop smoking support embedded within routine maternity care.

Since its launch in 2018, the programme has included specialist training for carbon monoxide testing, very brief advice using the babyClear model, and support from bespoke midwifery-led stop smoking teams. The addition of financial incentives has contributed to a significant reduction in the number of women smoking at the time of delivery — **by a third since programme implementation** — helping to address inequalities across the city region.



How did we do it?

To tackle the challenges, we introduced a **phased approach** with each trust, allowing us to learn, adapt and improve as the programme grew. Maternity staff received new training to help them have supportive conversations about smoking and quitting, while specialist Stop Smoking in Pregnancy Advisors provided personalised help, treatment options and financial incentives. Together, this created a more holistic offer for families wanting to create a smokefree home.

NHS Greater Manchester also partnered with Accenture (UK) Ltd and clinical stop smoking teams to design a **new digital platform** that brings all support into one place. This system helps midwives, advisors and administrators to manage appointments, communicate with families, monitor progress and ensure high-quality delivery. It makes quitting support easier to coordinate and more consistent across the region.

We also focused on supporting the whole family. By educating partners and other household members about the benefits of a smokefree home, we encouraged collective quitting efforts. This whole-family approach has helped create healthier environments for babies and strengthened support for pregnant people on their smokefree journey.





What did we find?

Using a quality improvement approach, the programme has enhanced maternity services' clinical practice in treating tobacco dependency.

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It has supported over **10,000 families** and resulted in **7,000 more babies being born smokefree**, reducing smoking at delivery from 1 in 8 to **1 in 13 women**.

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This achievement helped NHS Greater Manchester reach the national target of **6% smoking at the time of delivery by Q2 2025/26**.

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The digital platform has enabled clinical teams to **access real-time data, identify best practices, monitor trends, and implement timely interventions**. Standardised and consistent data recording has improved transparency and shared learning across teams, fostering system-wide improvements.

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On a larger scale, this model has been implemented nationally, demonstrating the initiative's effectiveness and scalability.

Key challenges & lessons learned

1. A phased implementation approach allows programmes to evolve effectively

This approach provides valuable insights that help refine and streamline processes, resources, and materials, ensuring consistency, efficiency, and stronger engagement across all partners.

2. Transformation of existing culture and working practices was a challenge

Implementing these changes across all maternity units in Greater Manchester was complex, requiring extensive engagement, clear communication, and strong leadership to coordinate multiple teams with varying processes and levels of readiness. Encouraging staff to adopt new ways of working, embrace digital tools, and prioritise tobacco dependency treatment as a core part of maternity care took time and consistent reinforcement.

3. A paper-based system limits the ability to capture accurate, timely data

This created barriers to monitoring performance, evaluating services, and sharing learning across sites. The lack of real-time data hindered early intervention and made it difficult to identify trends or areas for improvement. Transitioning to a digital platform required overcoming these technical and behavioural barriers while ensuring staff had the right training and confidence to use the system effectively.

4. Continuous learning is essential

Taking a collaborative, system-wide approach requires time and commitment, but it leads to outstanding and sustainable outcomes. By working together, sharing best practice, and using data openly, teams can collectively drive improvement and make a meaningful difference.

5. Data analysis can inform future strategies

Moving forward, understanding the nuances across groups and localities will be valuable. An accessible dashboard can highlight cohorts that continue to smoke, enabling the development of targeted strategies.



[Contact us](#) if you want to know more about the **GM Smokefree Pregnancy programme case study**.