

Smoking is the single most modifiable risk factor in pregnancy

Implement a simple, rigorous and evidence based approach which includes:

- When notifying General Practitioner or Midwife of pregnancy to rapidly refer all self reported smokers to stop smoking service/advisor.
- All pregnant women being carbon monoxide (CO) screened and provided very brief advice (VBA) at the first maternity booking appointment, electronically recorded and provided with PHE Smokefree baby in cigarette box leaflet.
- Annual VBA training (to NCSCT standards and Smoking in Pregnancy Challenge Group recommendations) which provides maternity staff with the knowledge and confidence to undertake the intervention. To be delivered face to face at least every 2 years.
- An automatic referral pathway for all women and partners identified as smokers or with a CO reading of 4ppm or more, or who have quit smoking in 2 weeks prior to appointment.
- A rapid referral by maternity within 1 working day, to a stop smoking service/advisor.
- A rapid response from the stop smoking service/advisor within 1 working day.
- Three telephone/text contacts from the stop smoking service/advisor over three consecutive working days. Letter to be sent to woman offering appointment/support who are unable to be contacted by telephone and referrer advised non-engagement.
- Offered a face to face intervention with a pregnancy trained stop smoking advisor within five days of referral in a maternity setting.
- A choice of NRT available, free for women requiring pharmacotherapy support.
- Open discussion of e-cigarettes/vaping to support smoking cessation. Women who vape only should NOT be recorded as smokers. Provide a warning that accidental poisoning can occur in young children- advise about safe storage of e-cigarette equipment.
- The maternity provision of CO monitors maintained monthly and replaced at in accordance with manufacturers instructions and trust infection control policy.
- Maternity staff asking women and partners, who have smoked at any time during their pregnancy, about their smoking status at every contact.
- CO monitoring of women identified as smokers at 16 week antenatal appointment.
- All women and partners CO screened at around 36 weeks of pregnancy or at delivery, at 5-10 days postnatally and electronically recorded.
- On admission to hospital, all pregnant women being CO monitored or asked if they smoke.
- On admission to hospital, all women who smoke being offered VBA and NRT stocked and offered for temporary abstinence and support to quit.
- Advice for women about vaping on hospital sites.
- Past/present smoking status of woman and partner documented in maternity handover to Health Visitors.
- All professionals enquire about smoking status of mother and household members. Provide CO monitoring, VBA and refer to stop smoking service/advisor where available. Advise about risk of sudden infant death and importance of smokefree environments.
- The biennial use of LMS regional audit tool to ensure the pathway implementation.

Further Information:

<https://www.nice.org.uk/guidance/ph26>

<https://www.nice.org.uk/guidance/ph48>

http://www.ncsct.co.uk/publication_briefing_for_midwifery_staff.php

<https://shop.rcplondon.ac.uk/products/passive-smoking-and-children?variant=6634905477>

<https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

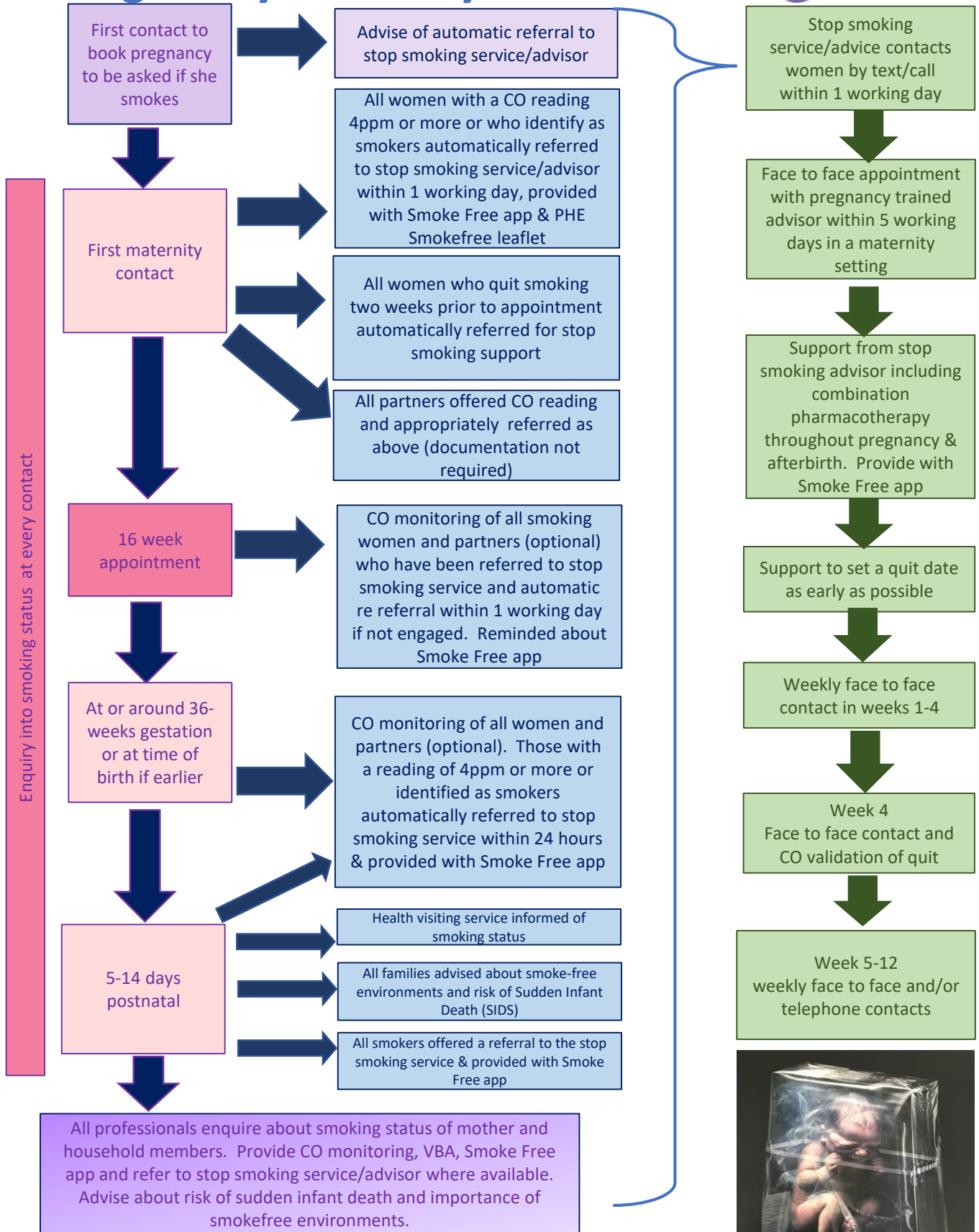
<http://ash.org.uk/category/information-and-resources/reports-submissions/reports/>

<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

<https://www.england.nhs.uk/publication/saving-babies-lives-version-two-a-care-bundle-for-reducing-perinatal-mortality/> <http://ash.org.uk/information-and-resources/reports-submissions/reports/smoking-cessation-in-pregnancy-a-review-of-the-challenge-2/>

NENC Tobacco Dependency in

Pregnancy Pathway v.2



Smokers	All pregnant women	All professionals	Pregnancy stop smoking support advisor	Maternity actions
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NB: "Partners" includes significant others residing in the same property.

NENC Tobacco Dependency in Pregnancy Script



The following information is a guide to inform conversations around tobacco dependency in pregnancy.

All pregnant women and household members (optional) are routinely screened for carbon monoxide (CO) at very first booking appointment – this should be done before asking smoking status:

“I now need to test your baby’s exposure to carbon monoxide, a poisonous gas that can come from a variety of sources including car exhausts, faulty boilers, and tobacco smoke”.

Smoking status should then be verified using multiple choice questions such as:

Which of the following best describes you?

- | | |
|---------------------------------|----------------------------------|
| A) Daily Smoker | B) Infrequent / Social Smoker |
| B) Ex-Smoker –more than 2 weeks | D) Ex-smoker – less than 2 weeks |
| E) Non Smoker | F) Vape/e-cigarette (non smoker) |

CO reading 4ppm or more who advise that they do not smoke

Ask if other household members smoke – if so, inform risks as per tobacco dependency information box below.

Clearly inform: “If other members of your household smoke we can also refer them as secondhand smoke is exceptionally harmful to you and your baby. You will be contacted with an appointment in the next 48 working hours. Please also contact the Health and Safety Executives Gas Safety line 0800 300 363 to have your home reviewed for faulty appliances leaking carbon monoxide”.

Self reported tobacco dependency or a CO reading of 4ppm or more

Smokers/partners are clearly informed: **“I am concerned about the level of carbon monoxide in your blood and the risks that this poses for you and for your baby. Smoking increases the risk of miscarriage by 23%. Your baby may not grow healthily and there is a risk he/she could die before birth. As your baby develops their heart has to work harder therefore are more likely to have heart abnormalities. Smoking is like squeezing the babies cord; stopping oxygen getting to its vital organs. Babies born to smokers are more likely to be premature, under-developed or too sick to go straight home. These babies often struggle in labour and are more likely to be born by caesarean section. Once your baby born he/she is 4 times more likely to die of sudden infant death, more likely to have ear and breathing problems and as a young child more likely to be hyperactive, be disruptive and have mental health problems in later life”.**

“Whilst tobacco satisfies your addiction to nicotine, it also expose you to 5000 poisonous and fatal chemicals in tobacco smoke. It’s standard for me to refer you/and partner for treatment to eliminate these risks. You are 67% more likely to stop smoking if you quit together. We can help you quit”.

NOTE: Do not ask ‘is this okay?’ or ‘are you happy for me to refer you?’ otherwise this then becomes an opt-in and weakens the intervention. If smokers advise that they will cut down or stop they are still required to be referred to a stop smoking advisor for support.

Every identified smoker should be referred unless they explicitly refuse sharing of their information (these smokers should be informed without sharing any personal information to the SSA to be included in data collection).

Where possible electronically record all women’s CO recordings.
Inform Health Visiting team of any previous/current smoking.

Ex-Smoker quit less than 2 weeks

Congratulate woman/partner and advise that the stop smoking service/advisor will contact her to provide support to help her stay smokefree.