Smoking cessation in pregnancy – guideline for practice (GL917)

Approval

<table>
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<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
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<tr>
<td>Maternity &amp; Children's Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; September 2017</td>
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Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author, job title</th>
<th>Reason</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Sept 2004</td>
<td>Jill Tudgay (Midwife)</td>
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<td>Louise Webb (Midwife)</td>
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<td>G Valentine (Dir. Of Midwifery), F Seymour (Stop Smoking service co-ordinator &amp; team leader)</td>
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Overview

Stopping smoking is the most effective single step a woman can take to improve her health and that of her unborn baby.

Helping pregnant women who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some pregnant women find it difficult to say that they smoke. Such an approach is important to reduce the likelihood that some of them may miss out on the opportunity to get help. (NICE 2010). A key marker of quality antenatal care is that pregnant women who smoke are referred to an evidence-based stop smoking service at the booking appointment (NICE Quality Standard 5, NICE 2013)

Pregnant women should be informed about the specific risks of smoking during pregnancy (such as the risk of having a baby with low birth weight and preterm birth). The benefits of quitting at any stage should be emphasised (NICE 2010) The specific risks of exposure to environmental tobacco smoke should be explained to all pregnant women as this is a significant hazard during pregnancy and also associated with sudden infant death syndrome, the main cause of post neonatal death in the first year of life (NICE 2010).

Standard

11% of UK pregnant women are smoking at the time of delivery (DoH 2015)

The risks of smoking during pregnancy should be clearly explained to all women and their partners at the initial booking appointment, with appropriate advice and individual support, and referral to SmokeFreeLifeBerkshire.

This information must also be recorded at 34/40 and on discharge from hospital in the allocated space in the hand held notes and should reflect evidence of information / discussions with mother. This information will also be recorded in the electronic maternity information system.

Referrals

All pregnant women who smoke or have declared they have stopped smoking within the last year should be routinely referred for specialist support to www.smokefreelifeberkshire.co.uk using their online referral form. They will contact the mother and will offer specialist support. Referral can be made at any stage during pregnancy if not initially accepted by using the same referral process.

All pregnant smokers who, that say they would like help should be referred to SmokeFreeLifeBerkshire even if they are referred to an in house clinic, e.g. at a Children’s Centre so that SmokeFreeLifeBerkshire, can audit the referrals for pregnancy to track them and offer further support if required.
CO Monitors

Some women find it difficult to say that they smoke because the pressure not to smoke during pregnancy is so intense. This, in turn, makes it difficult to ensure they are offered appropriate support.

A carbon monoxide (CO) test is an immediate and non-invasive biochemical method for helping to assess whether or not someone smokes, and her exposure to passive smoking. For women with minimal exposure to cigarette smoke, a positive CO reading can highlight exposure to leaky gas appliances.

Assess the woman's exposure to tobacco smoke through discussion and use of a CO test. Explain that the CO test will allow her to see a physical measure of her smoking and her exposure to other people's smoking. Ask her if she or anyone else in her household smokes. To help interpret the CO reading, establish whether she is a light or infrequent smoker. Other factors to consider include the time since she last smoked and the number of cigarettes smoked (and when) on the test day.

All mothers who have been identified at booking who are either smoking or stopped within last 12 months should have a Carbon Monoxide (CO) reading taken at booking and again at 34 weeks. The outcome of the test should be recorded in the Midwives notes and on CMIS, the maternity information system.

Pregnancy CO Monitors have been distributed to all Community Midwives. SmokeFreeLifeBerkshire will take responsibility to ensure that the CO monitors are calibrated and provide training for the community midwifery team in how to use the monitors.

Recommendations for practice:

Raise the issue using appropriate questions, e.g.

- Do you or your partner smoke?
- Have you ever tried to stop smoking?
- Are you interested in stopping now?

You should:

- Provide evidence of harmful effects as well as practical advice on stopping.
- Emphasise benefits of giving up smoking in preference to cutting down and explain the evidence to support this.
- Link smoking to its effect on maternal health and future health of both mother and baby.
For women not interested in stopping

- Don’t push the issue; however reinforce her knowledge about the risks by reading through the literature in her booking pack with her.
- Document that advice has been given but advise that she will receive contact from SmokeFreeLifeBerkshire and it will be her decision if she opts to decline any support from this department.
- Raise the issue at each consultation.
- If her partner smokes, offer referral service and provide telephone number for SmokeFreeLifeBerkshire’s specialist advice and support (0800 6226360) or by texting QUIT to 66777. Explain that any smoker can access this service at any time.
- G.P. surgery services may be an alternative choice.

For women ready to stop/ thinking about stopping.

- Encourage to stop and help to set a date to quit.
- Provide self-help literature NHS ‘Baby on Way, Quit today’.
- Encourage an action plan and explain specialist smoking advice services where Nicotine Replacement Therapy products may be accessed if required.

If consent given, refer to SmokeFreeLifeBerkshire.

For women who relapse:

- Encourage and reassure ‘don’t give up, giving up’.
- Inform availability of nicotine replacement treatment from G.P. or Pharmacy (clients of stop smoking services). Under 18’s must see a G.P.

Record Keeping

- Document smoking status of woman and her partner at booking, 34/40 and discharge from hospital in allocated space in hand held notes and on CMIS.
- Document referral to SmokeFreeLifeBerkshire on CIMIS and in the freehand text of her antenatal notes.
- Document advice about all brief interventions and any support given to women and partner in antenatal notes.
- Remember-record keeping is a tool of professional practice, which reflects the standard and skill of a practitioner. (NMC 2015)
Maternity Guidelines – Smoking cessation in pregnancy (GL917)

References


